(100)	MARILAND SIATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTING 1652 CERTIFICATE OF DEATH	11 O4651
M	PLACE OF DEATH o. COUNTY MENTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased as STATE D.	I lived, If institution: Residence before admission) b. COUNTY MONTGOMER L
		mits, write RURAL and give neerest town)
74	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SURBAN HOSPITAL 8403 DIKE	N AUE ON A FARM? YES NO P
	NAME OF DECEASED (Type or print) A FX PLACE OF DEATH	Month Day Yeer
1)	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE	(In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. bighthday) Months Deys Hours Min.
	De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	yrs.
7	3. FAJER'S NAME 14. MOTHER'S MAIDEN NAME	ece USH.
-	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address Address
	(If yes give were orderes of sorvice) 280-01-8980 Helen a. Sarida pars	1870 2 woods dale of
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) GASTRO-INTESTINAL HEMORIA	HAGE KAHR
	Conditions, if ony, which (b) METASTATIC CANCER	> 9 MONTE
	geve rise to immediate cause (a), stating the undarlying cause lest. DUE TO LHEPH TOM A	AT LETTS
2.		PERFORMED?
2	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH	YES XC NO
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or to	wn) (County) (Slete)
	21. I certify that (I) (this hospital) attended the deceased from DEC, 19, 1961, to All saw the deceased alive on APRIC 8	1967 that (I) (we) las
	22a. SIGNATURE ATTENDING MED. ST.	AFF 22b. DATE
,	22c. PHYSICIAN'S 22d. ADDRESS	LVER SPRING, MD
/		
	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	(City, town or county) (Stete) Montgomery Co Marylan

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TO HOTATAL OR ALTA WDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death, go 4 may be ned by the hospital or attending physician.

IO FUNCARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

MARYLAND STAT

DIVISION OF STATISTICAL RESEARCH AND RECO

MARYLAND STATE DEPARTMENT OF HEALTH

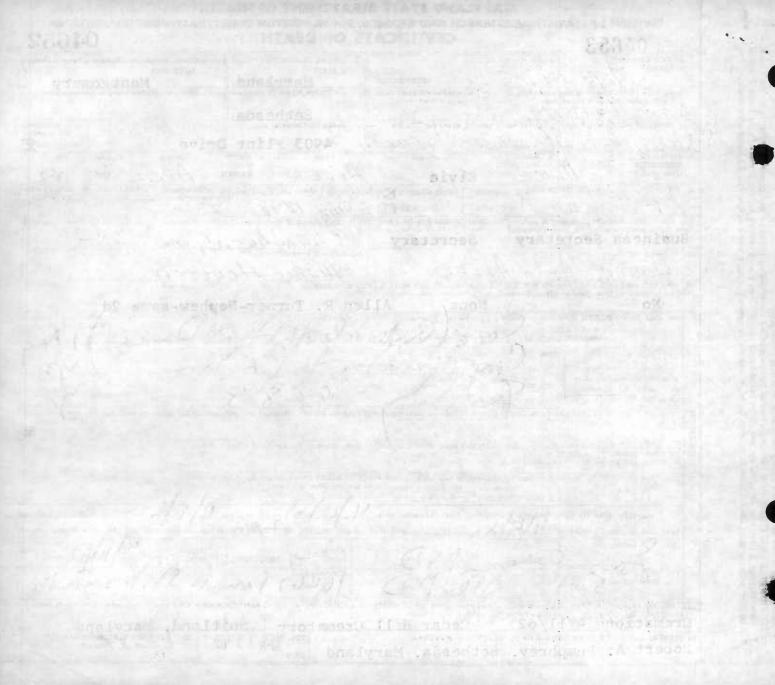
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(3652)

1	174033		LOOK
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence	e before admission)
1	MONTGOMERY MARYLAND	a. STATE b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	
	NENSINGTON	56 Bethesda	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	KENSINGTON GARDENS SANITORINA	4903 Flint Drive	YES NO
	3. NAME OF First Middle	Lest 4. DATE Month Day	Year
	(Type or print) HLICE Elvie	ALLEN DEATH APRIL 11	1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Days	IF UNDER 24 HRS.
	1- W WIDOWED □ DIVORCED □ €	6 MAY 1878 83 VIS.	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OI	WHAT COUNTRY
	Business Secretary Secretary	Shanghai, Chinas US;	4
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
)	young John HLLEN	Mary Hoyston	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyesgive war or dates of service)	NFORMANT Address	
	No None, All	Len R. Turner-Nephew-same 2d	
	18. CAUSE OF DEATH [Enter only one cause per line for (a, (b), and (c),)	TIMI	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	The second of the second	SET AND DEATH
	111200	no ask to the	11 4
	Control to the second second		100
	Conditions, il any, which gave rise to immediate cause	- who they	72/
	(a), stating the underlying DUE TO	~ 6 5 3	20 _
	cause last. (c)	0 7 8 3	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)	PERFORMED?
	[3]	Y	ES NO
	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!	. (Enter nature of injury in Part I or Part II of item 18.)	
	UF EITHER, NOTIFY MEDICAL EXAMINER		
		CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	at wast 17 at wast 17	ory, street, office bldg., etc.)	
		11/1/1/2 10 11/1/1/2 10	1 (1) (
	21. I certify that (I) (this hospital attended the deceased from		
		death occured at	te stated above
	228. SIGNATURE	ATTENDING MED. STAFF	SIGNED
	Across M.	D. PHYS. DIRECTOR PHYS.	The contract of
	22c. PHYSICIAN'S NAME (Type) S.D.M. AME (Type)	1040) Janas S. Jevan	5/0- 970
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify)		
	The state of the s	Crematory Suitland, Marylan 256. REGISTRAR'S, SIGNAT	
	Robert A. Pumphrey, Bethesda, Mary		44
	umplifey, beclieda, Mary	Land DATE	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) E * Bethesda (Rural) 17 days Arlington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NO 1625 S. Stafford Street U. S. Naval Hospital 3. NAME OF Middle DECEASED OF (Type or print) DEATH Frank Ervin Altizer Apri AGE (In yeers | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Male Caucasian WIDOWED DIVORCED X 4-9-22 please rem 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Painter Virginia USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Harvey Altizer Lavinnie I. Altizer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 1942-1944 Hospital Records 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN DUE TO Conditions, if env. which geve rise to immediate couse DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY 92 PERFORMED? NO XX 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Pert II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) Not While While Hour e.m. DIRECTOR: A should be det at work et work saw the deceased alive on April 30, 19.62, and that death occured at 10%5 from the causes and on the date stated above. 22b. DATE SIGNATUR STAFF SIGNED ATTENDING DIRECTOR PHYS. PHYS. MD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) USN ROBERT K. MIDDLEKOFF LT MC U. S. Naval Hospital, Bethesda, Md. 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) -3-62 Arlington National Arlington, Virginia Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Va. VR A15 (4) 15M 7/61 324/Columbia Rike, Arlington, TE Onthur & Thous

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE-OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence belora admission) a. COUNTY b. COUNTY the d MARYLAND b. CITY OR TOWN (if outside corporate limits, Montgomery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL end give neerest town, write RURAL and give nearest town) Rockville Rockville a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ad. STREET ADDRESS ON A FARM? YES NO X #7 South Adams Street South Adams Street Middle 4. DATE DECEASED OF DEATH (Type or print) Clarence Edward Anders April 8 19 62 B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 16 Male Dec. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Post Office-ret USA Mail Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME by the attending r semit. Then please Charles E Anders Sarah Hahn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifyesgivewerordatesofsarvice) Edna M. Anders-Wife-same 2d None 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: THROM BOSIS IMMEDIATE CAUSE (e) Conditions, if any, which geve risa to Immediate ceuse DUE TO (a), steting the underlying WAS AUTOPSY PERFORMED? RANAL NO 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stata) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Hour a.m. While Not While et work et work 5 19.62 and that death occured 6:15PM, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE ATTENDING MED. DIRECTOR SIGNED M.D. 310 West Montgomery Rocrville, Maryland Gordon S. Rosenberger 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0.0 Parklawn Cemetery Rockville Maryland
258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland 15M 9/60 Cirthur & Haus

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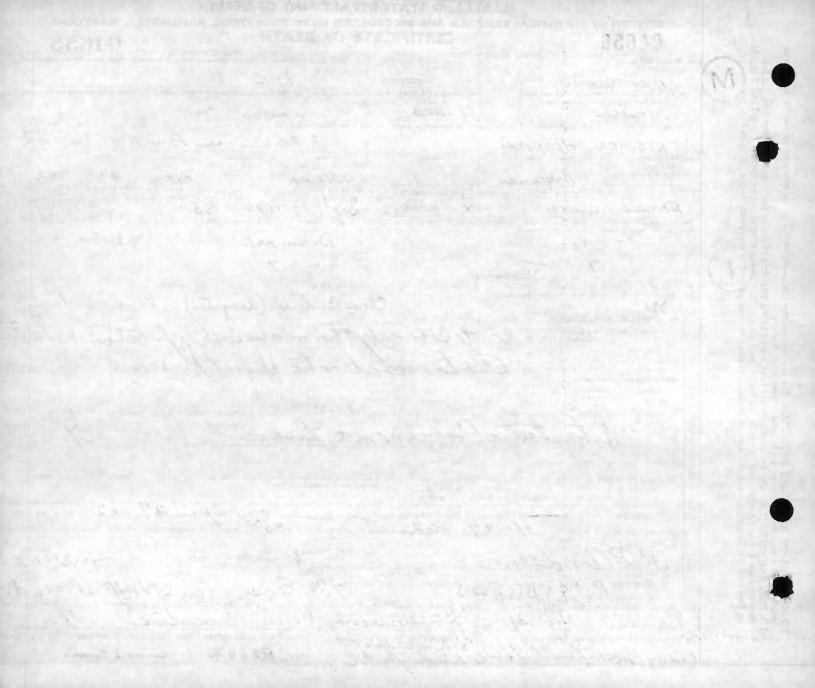
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PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) BETHESDA DAUS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Wes consin YES NO K RESMOR 3. NAME OF Middle DATE Month mple DECEASED OF (Type or print) DEATH 1962 27 HORIL ANDERSON MATHILDA 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months Days Hours WIDOWED X DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None JenmAR Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) physician. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO aftending Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the undarlying cause last the 9 certificate PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 98 0 PERFORMED? use prior YES NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) conom WAS UNDERLYING ned by the . After this OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the 3 should be detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work p.m. 19 21. [certify that (1) (this hospital) attended the deceased from. 19 6.2 and that death occurred at 30 M, from the causes and on the date stated above. saw the deceased alive on MED. SIGNED ATTENDING STAFF FUNERAL Irector, page 3 PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, 23c. NAME OF 0 24 EUNERAL DIRECTOR'S SIGNATA REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Circher S. Heave DATE



RYLAND STATE DEPARTMENT OF HEALTH **301 W. PRESTON STREET. BALTIMORE 1, MARYLAND** 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY a. STATE wash. D.C. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give pearest town) 12 Nama d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? 515 Konody YES NO X NAME OF DATE Day Month DECEASED OF (Type or print) DEATH 1962 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 7. MARRIED last birthday) WIDOWED DIVORCED L physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 115 A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ng Ther plan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work el work 21. I certify that (I) (this hospital) attended the deceased from..... 6. 2 and that death occurred at 25 M. from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING MED STAFF PHYS. DIRECTOR PHYS. M.D. ADDRESS NAME (Type) Robert A. Mendelsohn Spring St., Silver Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 04092 REMOVAL (Specify) Bladensburg. Buria .Lincoln Cem. HONEATTHER TORES SHELL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) APR 3 0 '62 arihung & Piraina 15M 7/61

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Little Starton The Hilland April (1981) moel imm. . . Trocell Marie Land Rose Bear Robert State and State of the State

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) or your files. e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if out c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) RURAL and give searest town) 40 hs. . IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF (Type or print) DEATH 1962 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Davs WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Give Pages 1 rm PM3. Pag labour pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | IZ. INFORMANT (Yas, no, or unkown) | (Ifyes give wer or dates of service) long with tansit permit 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil "Office alor IMMEDIATE CAUSE (e) DUE TO burial. Conditions, if any, which "pending" gova rise to immediate cause DUE TO (a), steting the underlying pesn cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION WAS AUTOPSY PERFORMED? NO N 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of item 1B.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI While Not While Hour e.m. et work et work 0 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 📆 0 Inquiry X and in my opinion forwarded L DIRECT death resulted from: Natural causes X Accident Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S P NAME (Type) Address (Street, city, town, or county) shoul DEF 22a, BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) VAL (Specify) Ash Memorial .. 940 g Sandy Spring, Md. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Rockville, Md. DATE APR 2 3 '62 Thuy & Kraus 5M 9/60

YLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad livad, If institution: Rasidence a. COUNTY the d MARYLAND death. NTGOMERY c. CITY OR TOWN If outside corporata limits, write RURAL and pine naarest town b. CITY OR TOWN If outside corporate limits, c. LENGTH OF STAY IN 16 by an write RURAL and give nearest toyin) THESDA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES LINO 3. NAME OF DATE Month Yaar DECEASED ded OF (Typa or print) DEATH 19 60 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR and last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) dona during most of working life, avan if raticad) Hoknes 13. FATHER'S NAME MOTHER MAIDEN NAME please Then please .5 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no. or unkown) | (If yes give war or dates of sarvica) remova 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC HEART gave rise to immadiata causa DUE TO (a), stating the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? 130612ATION NO 1 LMONNRY 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After A (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, streat, offica bldg., atc.) While Not While Hour am at work at work 1962 10APRIL saw the deceased alive on. SIGNATURE DATE SIGNED PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Bethesda, Maryland ector, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) 8 #O # Cedar Hill Crematory Cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) Pumphrey, Bethesda, Maryland arthur S. Thank 15M 9/60

death

THE PERSON OF THE PARTY OF THE Paragraph Style . Bethesda, Maryland Grometion 5/2/62 Cedan Hill Grandtory Spiciand, Maryland Robert A. Punghrey, Batheada, Maryland , dak Mar Cura Cur

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04660 with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Self Employed and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME t within Jack Azario Ernestine Piane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No Mrs. Dante Azario ottending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gned gave rise to immediale DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part III af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a. m While Not while at work at work p. m. 21. I certify that (I) (this haspital) attended the deceased fram and that death occurred at 1960 sow the deceased alive on. M, fram the causes and on the date stated obave. 22a. SIGNATURE ATTENDING PHYS. MED. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 224. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Fallfax, Virginia /62 Calvary Memorial

e. IS RESIDENCE ON A FARM? YES NO

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (State)

SIGNED

(County)

250. REC'D BY REGISTRAP 256. REGISTRAR'S SIGNATURE

DATE

Year

1962

Day

0 VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY the day Montgomery MARYLAND Pennsylvania and b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 writa RURAL and give neerest town) Philadelphia 3 days Bethesda (Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3048 N. 9th Street YES NO Y S. Naval Hospital NAME OF 4. DATE Middle Month Day DECEASED OF (Type or print) DEATH Trene Margaret April 1962 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Months | Days Caucasian WHOWED DIVORCED Female November 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife Pennsylvania USA physician.

signed by the attending physician.

Then please reference in an 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Gundaker Mary Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the Address (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). Cardiac tamponade Cardiac tamponade Cheunatic valvalitis, mattire, with mile Aleunatic valvalitis, mattire, with mile INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While MEDI Hour a.m. at work at work 21. I certify that (Mixthis hospital) attended the deceased from ... April ... 19.62 to April ... 17., 1962, that (1) (we) last 22b. DATE 22a. SIGNATURE SIGNED ATTENDING FUNERAL DIRECTOR PHYS. M.D. 22d. ADDRESS NAME (Type) LEWIS N. CAHILL LT MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) REMOVAL O To B April 1962 Beverley National Beverley, New Jersey Burial Bettiesda, Maryland 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Home, 7557 Wisc. Ave. DATE APR 2 3 '62 arthur S. Thous 1SM 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 94662 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY Montgomery Montgomery Maryland MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Bethesda Bethesda 25 days d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? 5406 McKinley Street Suburban Hospital YES NO A Last 4. DATE Month Day Yaer 3. NAME OF Middle DECEASED OF J. Baker April 62 Jonathan 19 DEATH (Type or print) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5 SEX B. DATE OF BIRTH last birthdey) Months Hours Male White Oct. 1, 1898 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11 BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired U.S.A. Carpenter Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roslie Henderson John Baker Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) David Baker same as above 578-46-6800 INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying ceuse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year 2Df. (City or town) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. 27 1942, that (I) (we) last 22b. DATE 22a. SIGNATURE SIGNED STAFF ATTENDING DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Rockville, Maryland Rockville

Rockville. Md.

Address ast Montg. Ave250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE

APR 3 0 '62

MST death. CANERAL (4) be filed with the

24 FUNERAL DIRECTOR

Funeral

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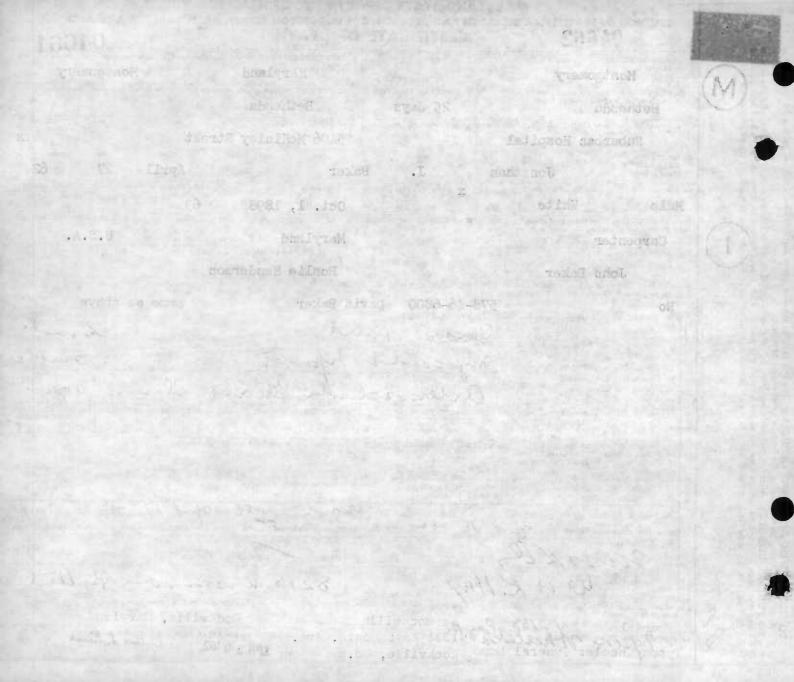
please and in

Then

burial-transit

the

death certificate be executed



the funeral director, 2 should be filed with executed within 24 haurs after death or attending physician. This cartificate has been signed by the attending physician and campletely filled this certificate has been signed by the attending physician and campletes. Pages 1 or use as the burial-transit permit. Then please remove carban papers. Pages 1 r to buriol, crematian, ar remaval, and in any event, within 72 haurs ofter death. HYSICIAN: The law requires that the death certificate be page 3 shauld be detached for use as the burial-tra the State Board of Health priar to buriol, crematian, TO FUNER

VR A1S (4) 1SM 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - BA	LTIMORE 1, MARYLAND

DIVISI 04663 **CERTIFICATE OF DEATH**

04000	CERTIFICATI	OF DEATH		OAGGO
1. PLACE OF DEATH o. COUNTY montgomen	MARYLAND	OSTATE Manyland	b. COUNTY	
b. CITY OR TOWN (If autside carpord le limits, write RURAL and give nearest tawn) Silver Spring	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carp	orate limits, write RURAL and q	give nearest tawn) J
d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION 1081 Ruatan Street	dress)	d. STREET ADDRESS 1081 Ruatan Str	eet	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	£ ee B	Last 4. DATE OF DEATH	Manth Office	Day Year 14, 1962
S. SEX 6. COLOR OR RACO 7. MARRIET		May 24, 1908	9. AGE (In years last birthday) 53 yrs. IF UNDER Manths	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) Economist Sta	nd of Business or Industr te Department	Park, Kansas	country) 12. CITI	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles W. Bankson		Ella May Green		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) If yes, give wor or dates of service) None		R. Bankson 1081	Ruatan St, Si	lver Spring,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. Conditions, if any, which gove rise to immediate (b) DUE TO Lying cause last.	azenem	a-Transi		- Probable 500 6 mm
PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED? YES NO [2]
	IBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Pa	irt II of item 18.)	
ZOc. TIME OF INJURY Manth, Day, Year While at wark [Nat while factar	E OF INJURY (Hame, farm, 20f. (City, street, affice bldg., etc.)	ty ar tawn) (1	Caunty) (State)
21. I certify that (I) (this haspital) attended saw the deceased alive an 4.1.3	/ _	$\frac{2}{2}$ 1961, ta. ath accurred at $\frac{1}{2}$ M, from		
22a. SIGNATURE OBLITA	tle M.	45	STAFF PHYS.	14/1962
22c. PHYSICIAN'S NAME (Type) A. B. LIT	TLE, MD	22d. ADDRESS 6911	5th st,	h w
REMOVAL (Specify)	23c. NAME OF CEMETERY OR		ATION (City, tawn, or county)	(State)
Burial 4-17-62	Fort Lincoln (Cemetery Pri	TRAR 256, REGISTRAR'S SI	
aymono	Ger Spring Mar	la Ave		8. Krows

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04664 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3 day Takoma Park

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 105 Rittenhouse 2 Washington SANITARIUM & Haspital DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) rennsylvaniA America U.S. Government Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Blashington Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: months IMMEDIATE CAUSE (a) DUE TO Mero-Selerosio gave rise to immediate cause DUE TO (a), stating the underlying as pulmonary fusion and 201. ACCIDENT WAS UNDERLYNG OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) While Not While Hour e.m. at work at work p.m 196/ tolepril 21. I certify that (I) (this hospital) altended the deceased from. GNATURE DIRECTOR PHYSICIAN'S PHYS. AL A page with t 22d. ADDRESS NAME (Type) 5600 New Hampshire Ave. Bagéant Samuel M. filed v death.
O FUN.
director,
be filed NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Arlington National Cem. Ft. Myer, Va. buria 2901 lapters St. N.W. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus The S.H. Hines Co. Washington 9. D.C. 15M 7/61

executed

certificate

death

requires that the

IS RESIDENCE ON A FARM?

YES NO X

1962

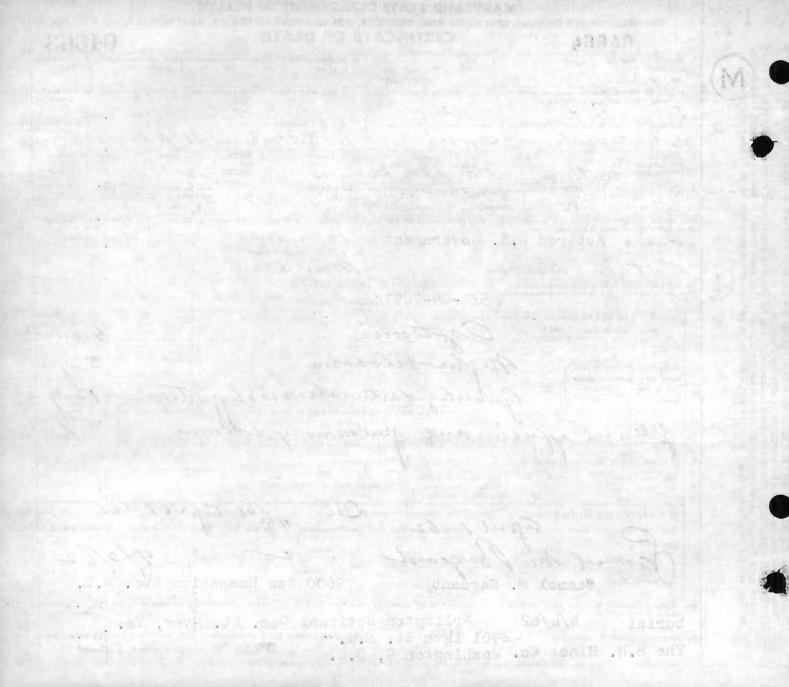
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaasad lived, If institution: Rasidence before admission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits c. CITY OR 10 Wit. Corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 P Washington, D.C.
d. STREET ADDRESS ages NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva steet address)
OD Daleview Drive
thea Woodland Nursing Home e. IS RESIDENCE ON A FARM? YES NO Althea 7000 Cathedral Avenue. DATE Catherine Rarret Mary DECEASED DEATH April 62 (Typa or print) 19 and con carbon 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7 MARRIED last birthday) Months femal e white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 0 dona during most of working lifa, evan if retired Louisville. Kentucky U.S.A. Seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Barrett Catherine Flynn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yas give war or dates of sarvica) 4000 Cathedral Ave. N.W Florence Huebnerno no Washing ton, 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave risa to immadiata causa DUE TO (a), stating tha underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Yaar factory, straat, offica bldg., atc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... and that death occurred at 232M, from the causes and on the date stated above. saw the deceased alive on...19.0.2 22b, DATE SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. NAME (Type) FUN ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Removal (Specify) 0 Louisville, Kentucky MESA. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & Heave

RVI AND STATE DEPARTMENT OF HEALTH

A y away - water by A ... MOCO Cettin Med Average, M. R. The Killing of the state of the ment in an interest pontant 1000 at mostil sonerol'i whenesperses chance Donc IL willer silving A short gonden a buyling and publication survered a sient their sheet Lynches soils were luptof as 50 WAAR Side Lindbull St. 18 1 - 21 P HE NUMBER OF A WHOLE names of the transfer of the contract the contract to the cont TRAPILITY CO. CLESTON, D.C. INTERNATION

within 24 ho filled in by death. • 4 may be read by the hospital or attending physician. O FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papes a page 1 and be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de The law requires that the death certificate be executed ING PHYSICIAN: OR ATT TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04665

. PLACE OF DEATH						
a. COUNTY	2. USUAL RESIDEN	CE (Whare de	ceasad lived, If		asidance bafor	admission)
Montgomery Marylan	a. STATE Maryland			nt gome:	rv	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN						own)
write RURAL and give nearest town) Silver Spring 3 weeks	X 0:3 0	-1				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Silver S				l a. IS	RESIDENCE
			~.		0	N A FARM?
Bel Pre Nursing Home, 2601 Bel Pre Ro	d. 3028 Ki	0				NO K
NAME OF First Middle DECEASED	Last	4. DATE	Monti	h		ear
	Baumgartner	DEATH	Apr	il	7 1	962
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years	IF UNDER 1 Y		ER 24 HRS.
Female White WIDOWED DIVORCED	June 13,1873		88 yrs.		ays Hours	Min.
Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Cou	nty & Stata, or	foraign country)	12. CITI2	ZEN OF WHAT	COUNTRY
done during most of working life, even if retired) Housewife	Wi	sconsin		CV.	U.S.A	
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
John Stroy	Johanna K	unke				
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1		-P	Addrass			
(as, no, or unkown) ((fyas give war or datas of service) None None					0:1	
210110	Donald Kinsin	ger 10,	620 Ga.	Ave.,	SILVET	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	00 -	- 1	11	1	ONSET AN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lovoisi	n. a.	Oa X	11/10	, /	1211
The state of	Julian	-		anne		1/2
DUE TO	1	· V	1 1	0		
Conditions, if any, which (b)	shue I	an	tac	lung	-	
gava risa to immadiata cause						
(a), stating the underlying						
(U)	IT NOT RELATED TO THE TERM	INAL DISFASE	CONDITION GIV	VEN IN PART	1(a) 19, WA	AUTOPSY
(V)	T NOT BELATED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART	1(a) 19. WA:	AUTOPSY FORMED?
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TE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) MARYLAND c. LENGTH OF STAY IN 16 ۾ -AURE a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO THE WASHINGTON 3. NAME OF DATE DECEASED OF DEATH (Typa or print) 1962 READLES 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours WIDOWED DIVORCED T 10-25-97 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired AMERICA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME r attending physician.
has been signed by the attending has been signed by the attending last Robert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. The law requires that the (Yas, no, or unkown) | (If yes giva war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immediata cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After many be detached for ING led by After t 20d. INJURY OCCURRED (Stata) 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. Not While WEDI Hour a.m. al work at work 19.6.4hat (1) (we) last 21. I certify that (1) (this hospital) alfended/the deceased from and that death occured att. M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNA STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Burial (Specify) 0 Arlington National Arlington 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur & Thrank

Francis Gasch's Sons Hyattsville, Md.

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death certificate

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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Bu	MOVAL (Specify)	4/9/62	,,	Oak Hi		metery		Wash	ington	, D.	. C.		e/
	bert A	. Pumphr	ey,	Bethesda	, Mar	yland		BY REGISTRA					

may be the hold of certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Baard of Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPIFAL may be TO FUNERAL

HYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death

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Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) ral director. Page of for your files. Board of Health, COUNTY b. COUNTY a. STATE MARYLAND is necess b. CITY OR TO outside corporete limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) write RURAL and give elerest town) d. NAME OF HOSPITAL OF INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 1 50 State death. 3. NAME OF Middle 4. DATE Month Dey Year DECEASED OF ould be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to the the ge 5 ma, and 2 with ... (Type or print) DEATH 62 19 5. SEX 6. COLOR OR 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | Months | Days 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page done during most of working life, even if retired) Chemitrust pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME File BVBN Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give we ror detes of service) Yes 8z Yes WW Korean This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) removal DUE TO Conditions, if eny, which "pending" gave rise to immediate cause ro Medical Examiner's DUE TO 98 (e), steting the underlying 6 cause last. be used cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e); 19. WAS AUTOPSY CERTIFICATION PERFORMED? the word NO K TO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. scute the certificate, writing Chief 3 forwarded to the Chief ã 20c. TIME OF INJURY Month, Dey, Year 208. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 9 fectory, street, office bldg., etc.) Not While et work prior 1942 et work should be forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Ing Inspection and in my opinion death resulted from: Natural causes Suicide 4 Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER designafed ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S pinous NAME (Type) Address (Street, city, town, or county) TO DE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (Stete) REMOVAL (Specify) 240 g Rurial Arlington Cemetery 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME C. S. J. Times Robert A. Pumphrey. Bethesda, Maryland 5M 9/60

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) . COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give namest town) write RURAL and give merest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 300 YES NO Z NAME OF 4. DATE DECEASED (Type or print) DEATH 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) 8807 Glewille 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUF TO** gove rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 26. INJURY OCCURRED | 20e. PLACE OF INJURY Nome, ferm, ! 20f. (City or town) (State) factory, street, office bldg., etc.) 19 6 2 et work et work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🗸 death resulted from: Natural causes Accident Suicide X Homicide | Undetermined manner CHIEF MEDICAL EXAMINER should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) shoul 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) 240 9 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Civing S. Thouse

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND Virginia Arlington b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Arlington Bethesda

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE 1135 South Thomas Street ON A FARM? YES NO NAME SMOT Sanitarium Middle 4. DASE DECEASED OF (Type or print) DEATH April 19 62 IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED and last birthday) Months Days WIDOWED DIVORCED Female 1874 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Canada None Canada None please and in 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending property of Their please Nicholas P. Benning Mary O'Brien 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give wer or dates of service) attending physician. Albert Parks. Newhew None CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), steting the underlying use as the THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 0 PERFORMED 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After the should be detached 20e, PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer ped factory, street, office bldg., etc.) Not While While MEDI Hour a.m. et work at work 21. I certify that (1) (this hospital) attended the deceased from... and that death occured at ... a.M., from the causes and on the date stated above. saw the deceased alive 220 SIGNATURE ATTENDING STAFF DIRECTOR FUNERAL PHYS. ATC. PHYSICIAN'S 22d. ADDRESS NAME (Type) George H. Mitchell 10620 Georgia Ave, Silver Spring Md. 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 Cemetery Paris Ontario Canada 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Cirthur S. Firana

Robert A. Pumphrey, Bethesda, Maryland

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law requires that the death certificate

17840 200003 1135 South Thomas Street Resider Sanitarium DEWNING PROPERTY 2 Aug. 25. 1874 87 7 67 Reunite White offolf 9/10 Shirmon .9 es fodelli Money Albert Perky, Argher were They carded inferetion a true relevante Charlelania de See D. Alan I Black Conve H. Witchell . . 10030 Georgia Ava. 511ver Spring Md. Sunt al-Transit a/5/62 Porth actors Transit a Coberta Coberta Sobert A. Pumbarey, Belloude, Barylerd .A. fradox

1	TE DEPARTMENT OF HEALTH
HARRY CO.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	04672 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 046'71
WEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Rasidence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete lim c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give haarast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DECEASED (Type or print) 1962 9. AGE (In years | IF UNDER 1 YEAR last birtites) Months | Days IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) pages 15. WAS DECEASED EVER IN U.S. AR RED FORCES? CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY. Sunteles Office alor IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geva rise to immadiata cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO V 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy | I Inspection Inquiry X and in my opinion ō death resulted from: Natural causes Accident Undetermined manner Suicide Homicide JNERAL DIREC CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOYAL (Specify) Forest Glen Montgomery Co, Maryland St. John's Cemetery 0 40 6 Burial ADDRES 134 Georgia Ave 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME Anc. Silver Spring, Maryland DATE APR 6 arthur S. Traus

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Mentgomery e. COUNTY b. COUNTY Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 70 Vrs Gaithersburg ages aff ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS hours 10 Park 3. NAME OF Middle 4. DATE Month paper 72 complet DECEASED Ernest Cleveland brings DEATH Apr 18th (Type or print) C and cor withi 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR lest birthday) Male White Dec 28-1891 WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired) Retired Clerk Governent Maryland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 James Drusilla 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice as removal Mrs Nannie 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY THROMBOSIS CORONARY IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which (b) gave risa to immediate cause DUE TO (a), steting the underlying 0 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year fectory, street, office bldg., etc. While Not While Hour a.m. et work | et work p.m. 21. I certify that (I) (this hospital) attended the deceased from plnods saw the deceased alive on 22e. SIGNATUR PHYS. DIRECTOR PHYS. M.D.

physician 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending Then please requires that the death Address physician. Gaithersburg Mo ONSET AND, DEATH HOUR ARTERIAL HYPERTENSION attending been ARTORIOSCLERESIS certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO COR: After the d by After (County) (State) Mary 10.19.62 and that death occurred at 45 M, from the causes and on the date stated above. DIREC 22b. DATE SIGNED 04/57 FUNERAL 22c PAYSICIAN'S 22d. ADDR AAME (Type) Gordon Roser ector, filed 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL dir. Forest 0 Caithersburg 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE APR 2 3 '62 Gartner. Gaithersour . Linest 15M 9/60

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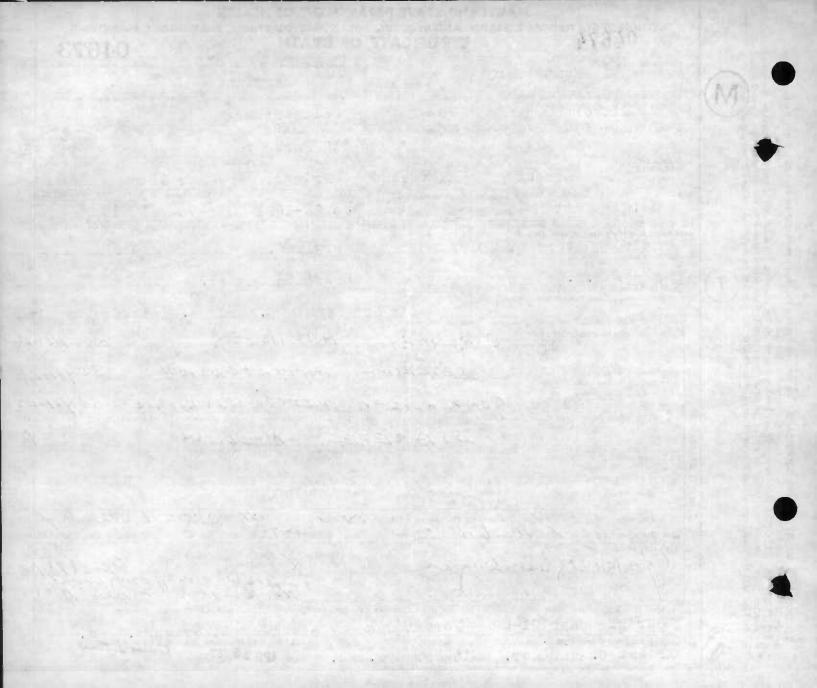
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR ST MEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) is necess director. Page your files. a. COUNTY a. STATE Montgomerv MARYLAND Mary land b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Takoma Park Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) ō Washington Sanitarium and Hospital Route 2 NAME OF 4. DATE DECEASED OF with the (Type or print) DEATH Lillian Ressie Bruce 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH s 1, 2, and 3 age 5 may 1 and 2 with last birthdey) Negro WIDOWED [DIVORCED August 15 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) age thin 24 hours af Give Pages 1, 2 done during most of working life, evan If retired) pages 1 within Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown James Black event 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) [(Ifyes give wer or dales of service) ing" in pencil in Item 18, er's Office along with fess a burial-transit permit. Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) AWINER: This certificate should be, writing the word "pending" in pen the Chief Medical Examiner's Office Page 3 should be used as a burial-that to burial, cremation, or removal, it DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), steting the underlying CERTIFICATION 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Part II of item 18.) PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. Was panenger in Cly moderal MEDICAL the C. Page 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work at work prior 1962 11,8. OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ite the cer., forwarded death resulted from: Natural causes Accident X Suicide Homicide MEDIC CHIEF MEDICAL EXAMINER designated ACTUAL. should be for FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, Iown, or county) 4/29/62 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. REPORTED Specify) Pinev Hill Church.. 0 40 9 23. FUNERAL DIRECTOR ADDRESS VS. AISME Rockville, Md. 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

b. COUNTY Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 1962 Age (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? American Address INTERVAL BETWEEN ONSET AND DEATH audell. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? NO 4 un accident (County) (State) Inquiry and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country)
Amherst, Va. (State) 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE arthur S. Thous DATE 58

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If Institution; Residence before edmission) e. COUNTY b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Bethesda days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Suburban NO. YES 5605- Sonoma Rd 3. NAME OF First DATE complete Middle Last Year N DECEASED OF (Type or print) DEATH Anna Brunssen IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH 1877 last birthdey) Months Deys Hours Female Whi te WIDOWED TO DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Private Germany II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl 2 John Nickel Elizabeth Einway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yes, no, or unkown) | (Ifyesgivewerordatesofservice Margaret Whedon /s ame as above attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Congestive heart failure geve rise to immediate ceuse terioscleratic, hypertensive heart disease 10 yrs. DUE TO (e), steting the underlying certificate has the CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERSORMED? eumatoid arthritis NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) d by the R: After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: 16 1962 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from March... 19.6.2 and that death occurred at C. P.M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. Mt. Hope Cemetery Westchester Co. New York 18/62 OH 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda. Maryland arthur & Kraya 15M 9/60

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DEPARTMENT OF HEALTH

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 111 m (73) 3/62 iwk 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest town) Lanham Bethesda (Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Box 364. Goodluck Rd. U. S. Naval Hospital executed 3. NAME OF Middla Last DATE DECEASED OF compi (Type or print) DEATH Virginia Burbage Ada April and cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) WIDOWED X DIVORCED 12-29-06 Female Caucasion certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 death please affending and Ernest Donaldson unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the oval, (Yes, no, or unkown) | (If yes give war or dates of service) Robert E. Burbage (son) 6301 93rd Ave., Lanham, Md 218-24-0699 1B. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Respiratory failure IMMEDIATE CAUSE (a) DUE TO cevebral hemovolage Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PHYSICIAN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH P WEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that N (this hospital) attended the deceased from April 1962 to April 5 22a. SIGNATURE ATTENDING W. llecour DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type William F. Cavender, LT MC USN ect 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 10,1962 Arlington National - F - S Arlington, Virginia 0 ZioneHyattovslle. Md. VR A15 (4)

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a. IS RESIDENCE ON A FARM?

12. CITIZEN OF WHAT COUNTRY?

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Months

U.S.A.

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INTERVAL BETWEEN

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RYLAND STATE DEPARTMENT OF HEALTH

(County)

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PHYS.

April 5, 1962 GNED

U. S. Naval Hospital, Bethesda, Maryland 23d. LOCATION (City, town or county) (State)

Francis Gasch's Sons Funeral Home,

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDIAL PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.	moy be re ed by the ho or offending physicion.	TO FUNERAL ARECTOR: Affect this certificate has been signed by the ottending physicion and completely filled in the funeral arrector,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of should be filled with	the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours offer death.

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(Type or print)

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NAME (Type)

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RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND Montgome ry Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Life Rural Etchison Etchison d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 4. DATE Middle First Last Manth Day Yeor Burns DEATH April 20 162 Merson 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Days Hours Sept. 21.1890 White WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? Md. USA Retired Farmer Farm 14. MOTHER'S MAIDEN NAME Alice V. Merson R. Burns 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Ilf yes, give war or #2 Gaithersburg, Md. Mrs. Merson Burns Rt. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and PART I. DEATH WAS CAUSED BY: Lau IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the under-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c, TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc. While Not while of work of work and that death accurred a 6.00 M, from the causes and an the date stated above ATTENDING PHYS. MED. STAFF PHYS. M.D. 22d. ADDRESS

(State)

21. I certify that (I) (this haspital) attended the deceased fram... saw the deceased alive 220. SIGNATURE

> Kerr Damascus Md. James

23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Laytonsville, Md. Laytonsville Rurial

25b. REGISTRAR'S SIGNATURE ADDRESS 24, FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR APR 2 6 '62 Cirlhay S. Krays Francis H. Barber Laytonsville, Md. DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) is ne.
director. h.
vour files. e. COUNTY b. COUNTY Montgomery Marvland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL end give neerest town) Bethesda D.O.A. Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ö Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Hospital Suburban State W. Irving S+. YES NO IX death. 3. NAME OF Middle 4. DATE Last Month Day-DECEASED OF (Type or print) DEATH Raymond Hillery Burrows April 19 62 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may be 1 and 2 with 72 hours af last birthday) Months 1.889 Male White WIDOWED 72 yrs. DIVORCED 10a. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Page done during most of working life, even if retired 18. Give Pages 1, pages 1 form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Fie event 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, no, or unkown) | (Ifyes give wer or detes of service) Office along with for burial-transit permit. L 218-30-3857 This certificate should be executed in pencil in Item INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter top) and capte per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Oronary minutes DUE TO removal Conditions, if eny, which OVONGVY avt a 1 cars "pending" geva rise to Immediate cause 10 Medical Examiner's DUE TO (e), steting the underlying 98 20 nsed cause last. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION 8 PERFORMED? writing the word Chief Medical E My OCArdial, Intarction, extrissive healed.

120b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of Injury in Part Hor Part II of ijem 18.) YES NO 0 shoul 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | AMINER: CAUSE OF DEATH. which light prepriory 3 20d. INJURY OCCURRED 20c. TIME OF INJURY 20a. PLACE OF INJURY (Home, farm, ! Month, Day, Year 20f. (City or town) (County) (Slete) factory, street, office bldg., etc.) Not While to the OR: Pa prior 1962 et work et work 0 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion forwarded t Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward. FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 4 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) please 4 shoul O FUN or its 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 4/9/62 Arlington Cemetery Burial Arlington. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arthur S. Krous Robert A. Pumphrey, Bethesda, Maryland 5M 9/60

A STATE OF THE RESERVE AND ADDRESS OF THE RESERV Control Bearing Commence to the state of the state of the state of the state of Robert A. Pumphrey, Betheedt, Maryland

1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14679
7	PLACE OF DEATH COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before adm b. COUNTY b. COUNTY Virginia
51	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) c. LENGTH OF STAY IN 1b Lexington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) U. S. Naval Hospital d. Street Address ON A F YES \[\begin{array}{c} N A F
	NAME OF DECEASED OF Charles William Anthony Campbell 4. DATE OF DEATH April 3, 1962
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Male Caucasian WIDOWED DIVORCED July 16, 1883 78 78 79 yrs.
	Os. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY and COUNTRY is seen if retired)
=	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
7	Charles Campbell 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
	Yes Hospital Records B. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AN
	IMMEDIATE CAUSE (6) Myocardial Infarction /5 mm
	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last. (a) Carcinoma Postate
2	(c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORM YES 206. ACCIDENT WAS UNDERLYING CONTRIBUTING COLUMN OF CONTRIBUTING COLUMN OF COLUMN
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Ste factory, street, office bldg., etc.)
	21. I certify that XX (this hospital) attended the deceased from February 22, 162, toApril 3,, 19.62, that XX (we saw the deceased alive on April 3,
	22e. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. K April 4, 1962
1	22c. PHYSICIAN'S NAME (Type) H. S. IRONS LT MC USN 22d. ADDRESS U. S. Naval Hospital, Bethesda, Md.
	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete REMOVAL (Specify) 4-5762 Arlington National Arlington, Virginia
	ADDRESBethesda, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c. AVE. DATE APR 6 '62 Cuthur S. House

U. S. Mayall Roughted ..

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Burkel 4-9-62 Stington Notional Aritmeton, Virginia

Mobert A. Pampinger Removal Home, 7557 Wise. Ave.,

funeral director, this certificate has been signed by the ottending physicion ond campletely filled are so the burial-transit permit. Then please remove corban papers. Pages 1 ond in ony event, within 72 haurs ofter death page 3 should be detached far use as the burial-transit the State Board of Health prior to burial, cremotian, or

PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter dec DIRECTOR: Affer OR ATTEN TO FUNER TO HOSPH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0 2 0 0		CEKTIFICA	HE OF DEATH		OACRO
1. PLACE OF DEATH o. COUNTY Mo:	ntgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institution: and b. COUNTY	Residence before admission) Montgomery
b. CITY OR TOWN (I RURAL and give ne Bet hes	If outside corporate limits, write egrest town)	c. LENGTH OF STAY IN 1b 2 weeks	c. CITY OR TOWN (IF o	utside corporate limits, write RURA Spring	AL and give nearest town)
OR_INSTITUTION	AL (If not in hospitol, give street n Hospital	oddress)	d. STREET ADDRESS 9226 Le	ong Branch Parky	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	First Herbert	Middle Graha	lost m Campion	4. DATE Month OF DEATH April	Day Yeor 19 19 62
5. SEX male	6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH Aug. 23, 1905	lost hirthdox)	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPATIOn during most of work Administrat	ON (Give kind of work done 10b. king life, even if retired) Live Clerk	EP.CO.		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Herbert (G. Campion		Gale Tredr	rick	
		257 05	ora I. Campion	Address 9226 Long Bran	ch Pkwy. S.S., Md
Conditions, if o gove rise to it couse (o), storing lying couse lost.	mmediate DUE TO			NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\tag{NO} \) NO \(\tag{D} \)
(IF EITHER, NOTIFY	AS UNDERLYING [] 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in F	Port I or Port II of item 1B.)	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d. II 19 While of wor	_ Not while _ fo	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
saw the deceas	at (I) (this haspital) attended	led the deceased fram.	1 - 1 1 - 1	M, fram the causes and	, 19.4. That (1) (we) last an the date stated above.
220. SIGNATURE	from D. Ces	41		ED. STAFF	4/20/CZ
22c. PHYSICIAN'S NAME (Type)	William D. Aud		22d. ADDRESS 9006 Cole	sville Rd, Silv	er Spring, Md.
23a. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	23b. DATE THEREOF	100	ational Cemete	23d. LOCATION (City, town, or cory Arlington,	
24. FUNERAL DIRECTOR' Warner E. I	1 (any more)	2000#55 8434Ge Liver Spring, M	orgia Ave 250. REC' aryland DATE	PR 23 62 256. REGISTR	AR'S SIGNATURE

COLUMN TRANSPORTED TO A STATE OF . J. J. H. Harry Smille W. Col (Allegaria) The same of the sa the second secon Louison (Comment valor del Comment del Co and the second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: a. COUNTY b. COUNTY Marvland Prince Georges Montgomery the 12 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) 21 Davs Seat Pleasant Bethesda d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM 7612 D Street The Clinical Center, Bethesda 14, Md. NO 3. NAME OF 4. DATE Month DECEASED DEATH 62 (Type or print) Carter April 17. Marie Ann IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH last birthday) The law requires that the death certificate be Months December 23, 1900 Female White WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retirad) U.S.A. None Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please hospital or attending physician. certificate has been signed by the attending Mary Hand John Foran 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Records (Yas, no, or unkown) | (Ifyes give war or dates of sarvica) The Clinical Center, Bethesda lh, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Edema day IMMEDIATE CAUSE (a) DUE TO Metastatic Carcinoma of endometrium l vear Conditions, if any, which geve risa to immadiate cause DUE TO (a), stating the undarlying use as the t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Year factory, streat, office bldg., atc.) While Not Whila Hour e.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from March 27, 19.62 to April 17, 19.62 that (1) (we) last 22b. DATE 22a. SIGNATURE SIGNED The Clinical Center, National 22c. PHYSICIAN'S NAME (Typa) FUNER Richard S. Rivlin, M.D. Institutes Of Health, Pethesda 14. 23d. LOCATION (City_town or county) 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) Circhay S. Thous 15M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery Montgomery Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Germantown Davs Germantown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 47 Box 47 YES X NO 3. NAME OF 4. DATE Middle Last Month Year DECEASED OF (Type or print) DEATH 1962 THERESA April 30, CAVELL 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Female 26 March 1962 White WIDO WED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Infant USA Frederick, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur L. Cavell Charlotte Evelvn Nusbaum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) (If yes give wer or detes of service) None Arthur L. Cavell (Same as item #1) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (h geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While MEDI Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from. .19. 6.2 and that death occurred 2: 30PM, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE 1 May 1962 SIGNED ATTENDING STAFF X DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Rex R. Martin, M. D. 220 N. Market St., Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 230. BURIAL CREMATION. Baptist Cemetery Germantown, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick, Maryland Etchison & Son, DATEMA Chilling & Thous

MARYLAND STATE DEPARTMENT OF HEALTH

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M. H. Molifson & Bon, Involved, Maryland Company of the American

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 04684	YLAND OAGR?
	=	PLACE OF DEATH 1	once before edmission)
1		e. STATE b. COUNTY	since before equilission,
	_	Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give	6 ·
4		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	nearest town)
1		Bethesda 21 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Wisconsin Ave. N.W	41X'3
			e. IS RESIDENCE ON A FARM?
		NAME OF First Middle Washington, DATE (Apt. # 23)	YES NO
ı		DECEASED	y Year
ı		(Type or print) Herma N. Chappell April April 2	19 60
ı	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FORDER I TEAT	Hours Min.
ı		Formal o Thite WIDOWEDY DIVORCED 70/22/6/ 1893 60 yrs.	Hours Min.
Į	10a		OF WHAT COUNTRY?
		Hannai Ca	a .
	13.	FATHER'S NAME	.S.A
	1	Um. Munroe Bradley Martha Lordan	
-	15,	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / Address	
	(Ye	es, no, or unkown) (Ifyes give war or dates of service)	
-		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	NSET AND DEATH
Н			Sustiley
П		DUE TO P + MI	72/201
		Conditions, if any, which gave rise to immediate cause (b) acute Myacardial Infarction	10 work
		(a), stating the underlying DUE TO	
		cause last. (c)	
	o N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	CAI		YES NO
	CERTIFICATION	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County)	(State)
	MED	Hour a.m. While Not While fectory, street, office bldg., etc.]	
ı		21. I certify that (I) (this hospital) attended the deceased from 3-30, 1962 to 4-2., 1962	that (I) (we) last
		saw the deceased alive on 4-2- 1962, and that death occurred at	
		22a, SIGNATURE	22b. DATE
		Peter P. andrews M.D. ATTENDING MED. STAFF 4-2-	- 12 SIGNED
		22c, PHYSICIAN'S 22d. ADDRESS	0 7
		NAME (Type) 4801 FFSSENDEN STN. W	2 D.C.
	22-	Peter P. Andrews BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	O (State)
	238	AMOVALE (Specify) 4-4-62 P. S. T. S.	00
	2/	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNA	ATILDE
	14	Address Signature Address Signature 250 Registrary Signature 250 Regist	
	1	mos course figures 1 - 310 1 restorment to 10 1 10 ATE	

S. 13 Car San Tanger in Mount Dealler Market Torier the second of some representations some solders Brish 4-4-62 Gelington Hits all The state of the state of They done from Know The Mineral STE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Hesh. ral director Page TO DECITY MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the standard to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

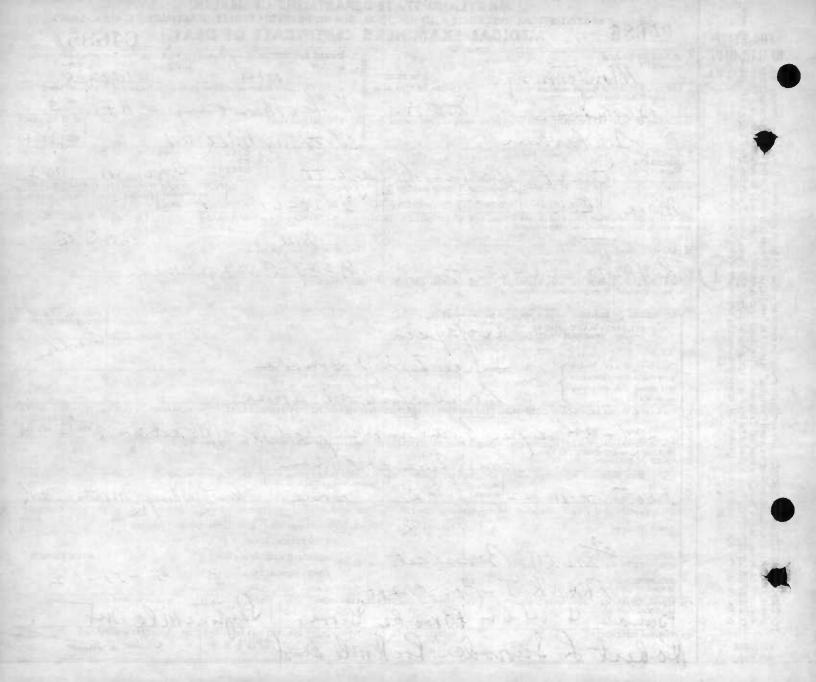
VS. A15ME 5M 9/60

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I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
o. COUNTY	o. STATE b. COUNTY
MARYLAND MARYLAND	mel Money
b. CITY OR TOWN (if outside conferrer limits, verific RURAL and give neares fown) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
when KUKAL and give hearest town)	Y D. R 00.
Bockerete 212 m	1 Rounde
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street dddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
5M34 Pray And Mr	5734 Crawford 2h YES NOW
3. NAME OF FILE Middle	Last 4. DATE Month Dey Year
DECEASED O	OF OF
(Type or print) (Angla : (Lasa : (Lasa :	DEATH CEAR 0 1962
5. SEX GCOLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (In fears IF UNDER 1 YEAR IF UNDER 24 HRS.
MARKIED NEVER MARKIED	last bi(t) day) Months Days Hours Min.
Klund WIDOWED DIVORCED DIVORCED	1-17-01 6/ yrs.
10 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	001
Trusewoh.	Volanda M.S.G.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
m a a	
Murhael dengos	Josephine Schudlewk
	NFORMANT, Address Q
(Yes, no, or unkown) (Ifyesgivewerordetet biservice)	13509 Baily Dr
No None Kec	na lon Brekel- Rockarlle ma
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corumany orche	
IMMEDIATE CAUSE (a) Coustary & Cell	accepting
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), steting the underlying DUE TO	
cause last. (c)	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY
	PERFORMED?
S C. A. Jell breast - a mo.	YES NO W
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Pert I or Part II of item 18.)
PRIMARY Or CONTRIBUTING	
CAUSE OF DEATH.	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour a.m.	pry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suici	de, Homicide, Undetermined manner
1 1	CHIEF MEDICAL EXAMINER
ACTUAL TO A CHARLES	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE Sand - Moterial	M.D.
EXAMINER'S TO	DEPUTY MEDICAL EXAMINER & CAN & 1962
NAME (Type) + RANK I Broschant	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
REMOVAL (Specify)	
Burial 4/11/62 Gate of Heav	ven Cem. Silver Spring, Maryland
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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Robert A. Pumphrey, Bethesda, Mary	riand DATE 13 '62 Cuther S. Trans

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nin 24 hours Give Pages 1 rm PM3. Pag File pages 1 rm rithin 7	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1. J. Q	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15/62 iwk 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. Montgomery MARYLAND Florida b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give naerast town) write RURAL and give nearest town) days Tampa Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Conter, Bethesda 14. Md. YES NO TY 3. NAME OF DAT : Month DECEASED OF DEATH (Type or print) Linda Marie Clark Apri] , 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthdey) Hours DIVORCED Female WIDOWED February 1954 1De. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired Student Florida U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= ple Virginia Clark William Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Reddord removal, (Yes, no, or unkown) | (Ifyes give war or detes of service) The Clinical Center, Bethesda 14, Maryland None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Immediate IMMEDIATE CAUSE (e) Cardiac Arrest has been signed e burial-transit pe DUE TO Bronchopneumonia -- Cardiac Failure Conditions, if any, which geve risa to immediate ceuse DUE TO (a), steting the underlying Acute Lymphocytic Leukemia ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 8 0 NO 2Da. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work CTOR: 1962, to April 9 , 19.62, that (N (we) last 21. 1 certify that (1) (this hospital) attended the deceased from April 19.62, and that death occured at. A.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNDRAL rector, page 3 22d. ADDRESS The Clinical Center, National 22c. PHYSICIANIS NAME (Type) Institutes of Health, Bethesda 14, Md. Robert H. Levin, M.D. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 389-R.D. WE. n. W. 250, REC'D BY REGISTRAN 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGN VR A15 (4) 15M 9/6D

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RYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporete limits, MARYLAND MONTGOMERY c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and giv nearest town) write RURAL end give nearest town) of AKoma ō d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO HOSPITA State 4. DATE DECEASED OF 0 DEATH (Type or print) with 5. SEX OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 2 with (ast birthday) WIDOWED X DIVORCED 21 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? tem 18. Give Pages 1, 2 with form PM3. Page done during most of working life, even if retired) U.S.A. pages HINDREW TACKSON Albertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes no or unkown) (Ifyesgivewarordetesofservice) Fie 16. SOCIAL SECURITY NO. 17. INFORMANT in pencil in Item 18. 9 permit. SOM 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) This certificate should be DUE TO removal, Conditions, if eny, which geve rise to immediate couse ø DUE TO (a), steting the underlying Examiner ö cause last. (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? Pe NO YES Medical 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 2Dc. TIME OF INJURY 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Dev. Year (County) (State) fectory, street, office bldg., etc.) While Not While the R. P. at work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry X and in my opinion forwarded to should be forwarded to FUNERAL DIRECTOR death resulted from: Natural causes Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPU NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 240 0 FUNERAL DIRECTOR C'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE APR 2 3 '62 VS. AISME SM 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14689 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY by the Montgomery MARYLAND North Dakota b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give nearast town) Bethesda (Rural 102 days .5 Fargo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U. S. Naval Hospital YES NO Y 1223 S. Tenth Street 3. NAME OF 4. DATE Middle Month DECEASED OF comp (Type or print) Harold Coffman DEATH Ray 62 April 19 rbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months | Days Male Caucasian WIDOWED September DIVORCED certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired USA Kansas Foreign Service Officer Government 14. MOTHER'S MAIDEN NAME affending Harold Coffman Aletha Marrow 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) DUE TO Conditions, if any. (b) geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? as NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY (State) Month, Day, Yeer 20d, INJURY OCCURRED I 20f. (City or town) (County) *factory, street, office bldg., etc.) Not While Hour a.m. at work et work OR: 21. I certify that 3 (this hospital) attended the deceased from December 26., 1961, to April 7......, 162., that 3) (we) last saw the deceased alive on April 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. April 8. 1962 22d. ADDRESS 22c. PHYSICIAN'S NAME (TVE) N. Houk LCDR MC U. S. Naval Hospital, Bethesda, Md. 23a. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) F.F 0 Lee's Crematory Washington, D. C. Cremation MASSESS Ave., Wash. D. P. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Sons Co. Funeral Home 4th &

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH 04690 Reg. Dist. No. 4589 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ONTGOMER b. COUNTY MARYLAND -LORIDA b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest Jown) SILVER d. NAME OF HOSPITAL (Monot in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 7.5.co. 11865+ OR INSTITUTION ON A FARM? 17750K YES NO NAME OF 4. DATE OF DEATH Middle Year DECEASED (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Doys Hours WHITE WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if helipedy death. 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 450 SILVERSTEIN MORRIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 12028 CLARIDGE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate DUE TO caese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES T NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. that I last saw the deceased , and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORS 22d. LOCATION (City, town, or couply) (Stote) 205 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D 8Y REGISTRAR arthur & Kraus 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whare dacassed fived, If institution: Residence bafore admission) Item 23 Film G311 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) Ś. writa RURAL and giva naarast town) Bethesda (Rural 32 days Woodland Beach d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? U. S. Naval Hospital YES NO NAME OF 4. DATE Middla Month DECEASED (Typa or print) DEATH 19 62 William Thomas Conway 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male CaucasianyidownkinOWNDIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stata, or foreign country) dona during most of working life, avan if ratired Retired Service Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Conway Mary Murray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no, or unkown) | (Ifyes give war or dates of service) Hospital Records Unknown 1B. CAUSE OF DEATH [Entar only ona causa per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH mchapulumonia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) vasio in destribution issle cerebralarlere gava rise to immadiata causa DUE TO (a), stating tha underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Y 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part II or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 2Da, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, straat, office bldg., etc.) Whila Not While at work at work 22a. SIGNATURI SIGNED Revarmalto M.D. DIRECTOR XX April 11, 1963 22c. PHYSICIAN'S 22d. ADDRESS MAME (Type JOHN R. WARMOLTS LT MC USN U. S. Naval Hospital, Bethesda, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 0.5 14.1962 New St. Mary's Cemetery April Bellmawr. New Jersey 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Annabolis. Md. 15M 7/61 DATE APR 1 6 '62 arthur & Trave Ben jamin Hopping/Funeral Home, 172 West St.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution, Residence before admission) e. COUNTY b. COUNTY a. STATE MONTGOMERY MARYLAND VIRGINTA c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 by write RURAL and give neerest town) 2. 27 days BETHESDA (RURAI. ARTINGTON e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS hours ON A FARM? YES NO X U.S. NAVAL HOSPITAL, BETHESDA, MD. 3. NAME OF DATE 4. DECEASED OF (Type or print) DEATH Virginia Dellinger COPE APRIL IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In yaers | IF UNDER 1 YEAR and last birthday) Months Days Hours Female DIVORCED Cauc. WIDOWED K certificate g physician se re-10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Steta, or foreign country) dona during most of working life, avan if retired) USA Housewife MTNN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME death aftending Then please Daniel N. DETLINGER Clara C. HETFRICH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the Addrass (Yes, no, or unkown) | (If yas give war or dates of service) NO Unknown Consuelo Cope TAYLOR 18. CAUSE OF DEATH Entar only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO attending Conditions, if any, which gava risa to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO T prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18 OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER ached WEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, (State) 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) factory, streat, office bldg., atc.) Whila Not While DIRECTOR: A 3 should be deta Hour a.m at work at work (this hospital) attended the deceased from...3.-31. 1962, to 4-26 1962, that (we) last saw the deceased alive on.... 22a. SIGNATURE SIGNED ATTENDING MED. STAFF DIRECTOR RAL PHYS. PHYS. page with t 22d. ADDRESS 22c. PHYSICIAN FUN or, U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND 8 # H 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 236 23c. NAME OF CEMETERY OR di di REMOVAL (Specify) 0 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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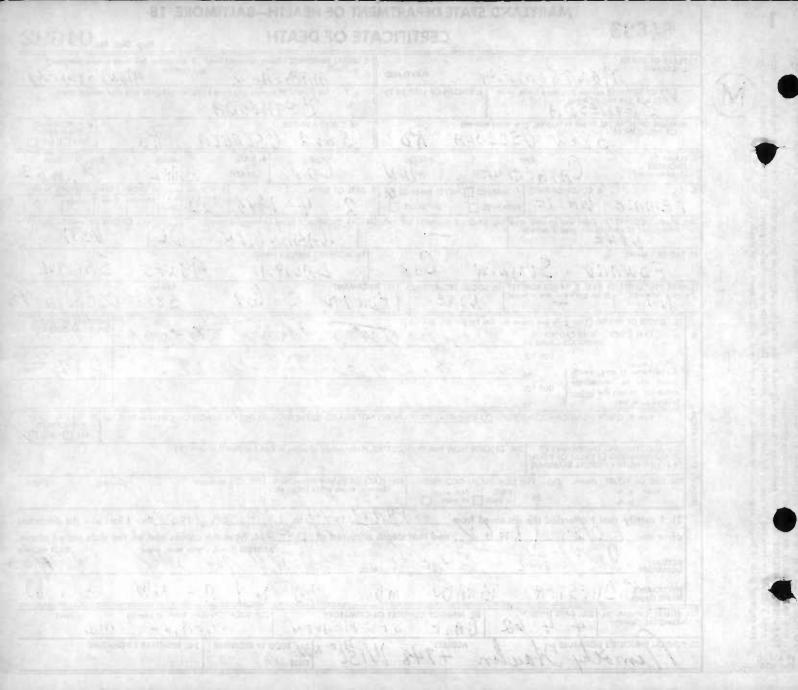
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ed in by the funeral rages 1 and 2 should death. For a may be received by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapty.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04693

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d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?			
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DEATH	10 / 0			
	1 20, 19 62			
	Months Days Hours Min.			
January 7. 1940 22 yrs.				
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14. MOTHER'S MAIDEN NAME	U.S.A.			
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	a Il. Mamyland			
THE OTTITION OFFICER, DEGREES	ONSET AND DEATH			
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	B. STATE North Carolina c. CITY OR TOWN (If outside corporate limits, write Landis d. STREET ADDRESS No street address No street address North Carolina 8. DATE OF BIRTH January 7, 1940 22 yrs. STRY 11. BIRTHPLACE (County & State, or foreign country) North Carolina 14. MOTHER'S MAIDEN NAME Amanda Nix The Medical Record The Clinical Center, Bethesd EMORTHAGE DUS Leukemia NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE RED. (Enter nature of injury in Part I or Part II of itam 18.) PLACE OF INJURY (Homa, farm, 20f. (City or town)			

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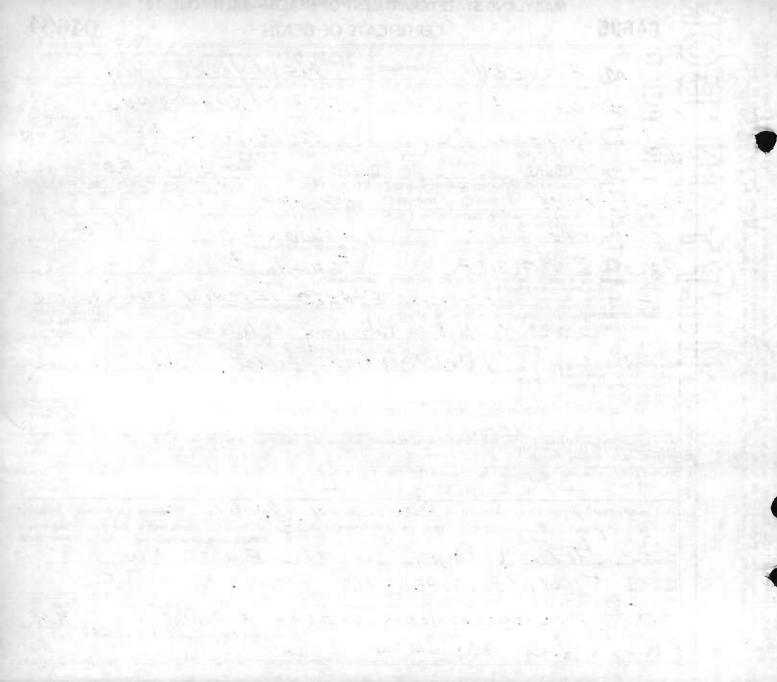
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301.W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Montgome ry 1 2 P MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) þ write RURAL and give nearest town) Washington, D.C. Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE Nursing Home ON A FARM? North Dakota Ave. . N 6001 Maple YES NO A 420 NAME OF Avenue executed Middle complet DECEASED (Type or print) DEATH AMANDA ELIZABETH April 1962 DAVIS Pon withi 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months Hours Dave female 863 WIDOWED T death certificate physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . 5 attending | William Lewis Jane Sarah Lewis The law requires that the ditending physician. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyes give wer or detes of service) 6001 North no George H. Davis 18. CAUSE OF DEATH lenter only one couse line for (e), (b), end (c). Wash.DC ONSET AND DEATH PART !. DEATH WAS CAUSED BY: muno M/ 9 IMMEDIATE CAUSE (a) burial-transit DUE TO Candio Vascular Renal Lineas Conditions, if any, which (b) gave rise to immediate cause Teniosale HOSIS DUE TO (e), stating the underlying has the cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CATION Se PERFORMED? NO 7 prior YES 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part/I) of item 18 20a, ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached MEDICAL (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. | certify that (I) (this hospital) attented the deceased from... 19......, and that death occured a firm, from the causes and on the date stated above. saw the deceased alive on. 220. SIGNATURE 22b. DATE ATTENDING . SIGNED MED. STAFF DIRECTOR RAL PHYS. PHYS. M.D 22d. ADDRESS FUNE NAME (Type ector, I 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) CEMETERY OR CREMATORY (Stete) à di REMOVAL (Specify) 0 Fairfax Cemetery Burial Fairfax Virginia 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Cirilian & Thomas DATE wash ing to n

RYLAND STATE DEPARTMENT OF HEALTH

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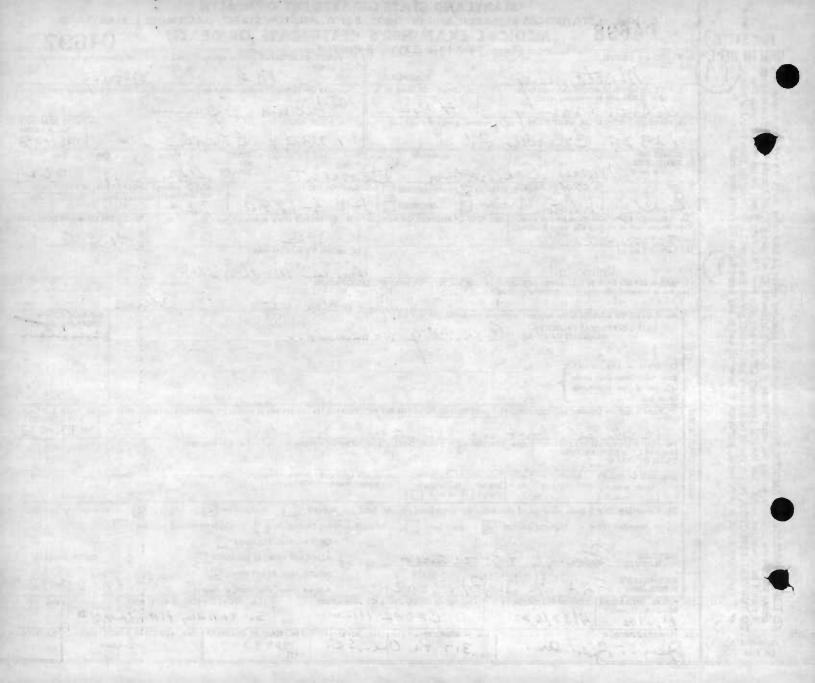
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) DUNTY MARYLAND an Y OR TOWN (if outside corporate limits, rite RURAL and give nearest town) c. LENGTH OF STAY IN 1b OR TOWN If outside corporate limits, write RURAL and gir NAME OF HOSPITAL OR INSTITUTION Lif not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? moor tarium YES NO DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED THEVER MARRIED 2 wit last binthday) Months Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 24 hours aft ve Pages 1, 2 PM3. Page dong during most of working life, eyen if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pag 16. SOCIAL SECURITY NO. | 17. INFORMANT ARMED FORCES (Yes, no, or finkgwn) | (If yes give war or dates of service ecord 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Ach Office DUE TO Conditions, if any, which (b) gave rise to immediate causa **DUE TO** (a), stating the underlying cause last. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO V 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry X 0 and in my opinion ease execute the certific should be forwarded to FUNERAL DIRECTOR death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should should NAME (Type) Address (Street, city, town, or county) 22c. NAME OF 22d. LOCATION (City, Jown, or country) (State) REMOVAL (Specify) BETH SHOLOM 240 g BURIAL 23. FUNERAL DIRECTOR **ADDRESS** 24e. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 Chilling S. Thrus

STATE DEPARTMENT OF HEALTH

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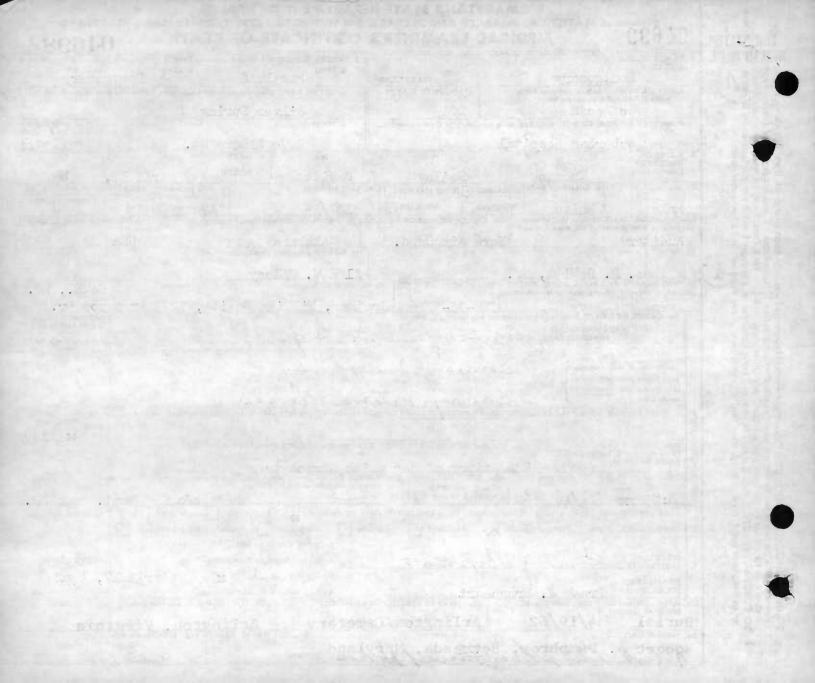
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY Health. y is necessary director. Page or vour files. MARYLAND b, CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) for your Board of h write RURAL and give nearest town) d. NAME OF HOSPITAL OF INSTITUTION (0 not in hospital, give street address) e. IS RESIDENCE ON A FARM? State YES NO NO NAME OF Middle 4. DATE nould be executed within 24 hours after death. If any "in pencil in Item 18. Give Pages 1, 2, and 3 to the 14 Office along with form PM3. Page 5 may be retain burial-transit permit. File pages 1 and 2 with the Stanoval, and in any event within 72 hours after deat DECEASED OF (Type or print) DEATH 1962 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE on years IF UNDER 1 YEAR last birthday) Months Days IF UNDER 24 HRS NEVER MARRIED Months Hours WIDOWED [DIVORCED lucil M. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sone during most of working life, even if retired) vousew VI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronau IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which (b) Examiner's (gove rise to immediate cause "pending" DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION 2 cremati PERFORMED? writing the word Medical 18 you ago NO YES should 20a, EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCUMED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age 3 sho to burial, Chief WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) 0 factory, street, office bldg., etc.) While Not While Hour a.m. the R. P. et work et work prior CIOR: 0 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀 Inquiry X and in my opinion forwarded t death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER cute the ACTUAL. should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED designat SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DEP 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) CEDAR HILL 240 g SUITLAND, HAKYLAND BURIAL 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Cardon S. Kraus 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery Maryland Montgomerv fries. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and giva nearest town) DOA Silver Spring Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Suburban Hospital 2606 Elnora St. YES NO TH 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH Thomas Bailev DeWitt 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2, and 3 5 may nd 2 with hours a last birthday) Months Hours WIDOWED DIVORCED Mala 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 24 hours aft ve Pages 1, 2, PM3. Page 5 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Audi tor York Air Cond. pages USA Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give File Thos. B. DeWitt Adma V. Halsev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Beth., Md. (Yes, no, or unkown) | (If yas give war or dates of servica) 578-05-5216 Brother, William DeWitt, 7209 Arrowood Dr. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alon burial-trans IMMEDIATE CAUSE (a) Lecute my oraceled Zudelen DUE TO pinous Conditions, if any, which d "pending" i gave rise to immediate cause DUE TO (a), stating the underlying nsed ion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION should be u PERFORMED? NO . 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Was driver of car which struck tree buri the Chie 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year (County) (Stata) 9 factory, street, office bidg., atc.) While Not While at work at work 8:25 xxm. 1962 Street Bethesda CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion forwarded L DIRECT death resulted from: Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER April 17, 1962 EXAMINER'S should NAME (Type) Frank J. Broschart Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) P40 9 Arlington Cemetery Burial Arlington Virginia 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR T 24b. REGISTRAR'S SIGNATURE VS. A15ME Bethesda, Maryland Pumphrev arthury & to 5M 9/6D DATE

ARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 42 Days Silver Spring Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 500 Gilmoure Drive U. S. Naval Hospital YES NO 3. NAME OF Middle DATE Month Year DECEASED OF (Type or print) DEATH Dominick Anthony DI CICCO 9 30 19 62 April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male Caucasian WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Naval Officer Illinois USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DI CICCO Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service YES Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Day, Yaer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that M (this hospital) attended the deceased from March 18 ..., 19.62 to April 30, ..., 1962, that M) (we) last 22e. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS U. S. Naval Hospital , Bethesda, Md. LINAWEAVER LCDR MC 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 5-4-62 Burial Arlington National Arlington, Virginia Sibbuer Spring, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORS SIGNATURE 8655 Georgia Ave., DATE MAY 3 arthur & France

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY eccha MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Woutside corporata limits, write RURAL and give new realast tewn = a. IS RESIDENCE INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF Middle Month Day DECEASED DEATH (Typa or print) 280 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE UA yeers | IF UNDER 1 YEAR IF LINDER 24 HRS 5. SEX lest birthday) Months Days Hours DIVORCED [10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. MIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retirad 14. MOTHER'S please requires that the death 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or dates of service) CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve risa to immadieta cause DUE TO (e), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stata) ed by After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not Whila Hour e.m. at work at work 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) FUNER ector, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Wity, town on county) (State) 23e. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR 285. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) DATE APR 5 15M 9/60 arthur & Hears

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY 4 CEOMACK ntromery MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Woutside corporate limits, write RURAL end give nearest town) 11da, 19 h RS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DECEASED (Type or print) 1962 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED IV DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 1.5.19. CARpenter. please MOTHERS MAIDEN NAME OSW MICH W. Din to 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUENTO gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? X NO LOU Komie 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, (State) Month, Day, Year 20d. INJURY OCCURRED | 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from F. by Adv. J. 1962, to FRE 1 1962, that (I) (we) last saw the deceased alive on April 22, and that death occured and from the causes and on the date stated above 22b. DATE SIGNED ATTENDING PHYS. 22c. PHYSICIAN'S 22d. ADDRESS -23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) NELSON CEMETERY 24 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR 25b. REGISTRAR'S VR A15 (4) DATE APR 2 6 '62

STURRED MELLON JOHNSON G. R. DREIDER Land and the state of the state the territory the man day may the sense of the

04704 CERTIFICATE OF DEATH Reg. Dist. No. 14703 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND h. CITY OR TOWN (If outside borporate limits, write c. LENGTH OF STAY IN 15 uneral c. CITY OR TOWN (If aptide carporate limits, write RURAL and give neglest town) RURAL and give nearest town) shauld 10 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9101 Providence Avenue YES NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED OF DEATH (Type or print) GE01-96 Man 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. & DATE OF BIRTH last birthday) Months Days Hours DIVORCED | WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) つかえて 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME emave AS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. INFORMANT Address & 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSED AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPS PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOVE INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, (County) (State) Hour o. ft. factory, street, office bldg., etc.) While Not while ot work at wark 21. I certify that I attended the deceased from, 19 67 that I last saw the deceased and that death accurred at 11 A _M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) Philadelphia Phila. Co, Pennsyl 4-5-62 Mt. Peace Cemetery ADDRESS 434 Georgia Ave 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Warner E. Pumphrey, Inc. Silver Spring, Marylandonte APR 5 arthur & Krain

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSP T. OR ATT DING PHYSICIAN: The law requires that the death certificate be executed within 24 ho stern death. Pure the second of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
04704

1. PLACE OF DEATH				2. USUAL RESIDEN	CE (Where			sidence before	admission)	
200	gomerv		MARYLAND	a. STATE	-Tand	b. COUN	3.7. 1	romerv		
b. CITY OR TOWN (if	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b				Maryland Montgomery c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)					
write RURAL and give neerest town)			V Daniel							
Bethesda 10 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)			X Boyds				TEIDENICE.			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streel eddress)			d. STREET ADDRESS					A FARM?		
Subu	rban							YES	NO 🗌	
3. NAME OF DECEASED	First		Middle	Lest	4. DAT	E Month		Day Yes	er	
(Type or print)	Rachel		V.	Edwards	DEA	TH Apr	il 12,	19	62	
5. SEX	6. COLOR OR RACE	7. MARRIE		. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		R 24 HRS.	
Male	White	WIDOWE		4/22/96		last birthday) 65 yrs.	Months De	ys Hours	Min.	
10a. USUAL OCCUPATI			IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & Stele,	or foreign country)	12. CITIZE	EN OF WHAT	COUNTRY?	
housewife		10)		Virginia	9		U.	S.A.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN				-	_	
777.7	n Wass Cials	1 - 70			erine	D-17				
15. WAS DECEASED EVE	r Van Sick		SOCIAL SECURITY NO. 17. 1	NFORMANT	strue	Address				
(Yes, no, or unkown) (If										
The			Hu	isband, Webst	ter Ed	lwards	same			
			ine for (a), (b), end (c).]	10		,	n.	ONSET AND		
PART I. DEATH	MAS CAUSED BY:	AX	exioscler	utic Cardi	6 Vas	scular 1	Jisouse:	Vo.	ays_	
1 42	DUE TO							1		
Conditions, if eny	which (b)									
geve rise to immedia	ete ceuse									
(a), steting the ur	derlying DUE TO									
ceusa lest.) (c)									
PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEA	SE CONDITION GIV	EN IN PART 1		ORMED?	
3 Secondo	exily Lut	recta	d Yt. Lif	, KECENT	44	ucture		YES	NO 🔀	
Second of 208. ACCIDENT WAS OR CONTRIBUTING OF CONTRIBUTING	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pa	rt II of item 18.)				
	MEDICAL EXAMINER)									
20c. TIME OF INJUI	RY Month, Day, Ye			CE OF INJURY (Home, ferrory, street, office bldg., etc.		City or town)	(County	у)	(State)	
Hour a.m.	19	While et wor	1401 44 11110	ory, sireer, office brog., etc	i i					
		4-1) -44		November	1054	to 12 Ap	1 106	2 46-4 (1)	(wa) last	
	11	Á.	ded the deceased from.							
saw the deceas	ed alixe on		(19.62, and that	death occured at	M.M. Ir	om the causes	and on the			
22a. SIGNATURE	in Mar	nitt			MED. DIRECTOR	STAFF PHYS.	12 A	prile	SIGNED	
22c. PHYSICIAN'S NAME (Type)	GORDON	1 N	1. SMITH	Barne	SVI	// e		-A1	d.	
23a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	or crematory	23d. Lo	CATION (City, to	wn or county)	YD	State)	
Durial	S SICKLETING		ADDRESS	-	C'D BY REC	EISTRAR 25h DE	GISTRAR'S SIG	CNATHOE	The	
24 FUNERAL DIRECTOR	s SIGNATURE	in 1	Brained !!	mal DATE	app 1		Chillian &	4 -		
	7477	1 40	morning, 1		505 63		-	The state of the s		

Exercy with the second of the Summerly Interest of the Lorent freetories The state of the s The State of Emples 1 4/12/22 : Three Courters - gainery william a fallow Benezick The as The The Charles

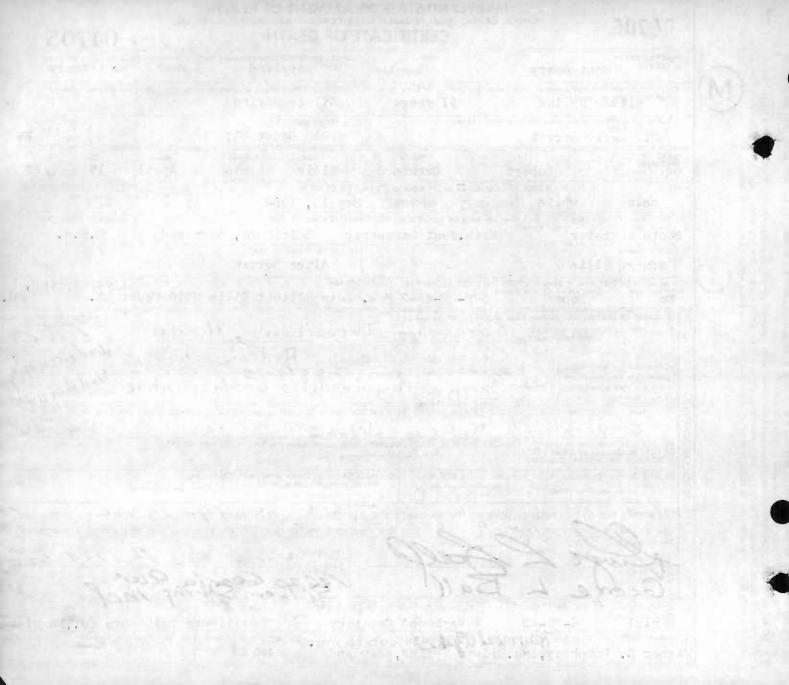
04706 the funeral director, 2 should be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death moy be readed by the handle or attending physician. Then please remave carbon papers. Pages 1 page 3 shauld be detached far use as the buriol-transit permit. Then please remaye carbon papers. Pages the State Board of Health priar to buriol, cremotion, ar removal, and in any event within 72 hours after death TO HOSPIT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

04705

	ontgomery	MARYLAND	o. STATE Maryla	nd	b. COUNTY		gomer;	
b. CITY OR TOWN (I RURAL and give ne S11ve	f outside corporate limits, cares fown) r Spring	write c. LENGTH OF STAY IN 16 21 years	c. CITY OR TOWN (IF o		rote limits, write R	URAL ond give	nearest town)
OR INSTITUTION	AL (If not in hospitol, give ar Street	street oddress)	d. STREET ADDRESS 8210 Ceda	r Stre	et		e. IS RES ON A YES	DENCE FARM? NO R
NAME OF DECEASED (Type or print)	First Robert	Middle Crawford	Ellis	4. DATE OF DEATH	Apr		/	reor 19 62
s. sex male	2.24	MARRIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 16, 1904		9. AGE (In years lost birthdoy) 57 yrs.	Months Do		R 24 HRS. Min.
00. USUAL OCCUPATION during most of work Photo engr	ing life, even if retired)	Wash . Post Newspa			ountry) Maryland		OF WHAT	OUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME				
Edward E	llis		Alice Be	rgen				
	R IN U. S. ARMED FORCE (If yes, give war or dates of servi None		NFORMANT s. Lois Elliot	t Ellí	Add .s 8210 (ress Silve Cedar St	er Spr	ing,
20g. ACCIDENT WA	mmediate the under to the under the under to	with Augin	ocarditis of the termination of	Witt NAL DISEASI		iac	PERFO	WHEAP NO D
- I/IE EITHED NIATIEV								
			LACE OF INJURY (Home, farm octory, street, office bldg., etc		or town)	(Cour	nty)	(Stote)
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19 It (I) (this hospital) of alive an 17,000	while Not while of work of work attended the deceased from	death occurred of DH ATTENDING DH DH SZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	49.ta A. M., from ED. RECTOR	Apr 1	3, 1962, and on the de	—that (I) (we) last



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September 19 State 19 ahamiso E The Chi Monte Couter, Betherda 11, 40. [138] Marroll Atemie wharles ('one) crwick ording'), The Table 1991 EJ.LA SINK Printer - retired Printing Office | Scotland U.S. L. April 2 12m4 St. 2 12m4 62 SANCH SANCK anduction landian, recommend Inchall and done is the series of Health, Empleaded, Maryland

	PLACE OF DEATH	Item	9 Film G311 4	2. USUAL RESIDE	NCE (Whare daceasad livad,	If institution: Rasider	nce before	edmission
	a. COUNTY Montgomery		MARYLAND	a. STATE	b. cou	UNTY Montgor	meru	
	b. CITY OR TOWN (if outside corp write RURAL and give nearest		c. LENGTH OF STAY IN 16		(If outside corporate limits, wi	rite RURAL and give	nearasi tov	wn)
	Bethesda, (Rura	al)	20 days	× Bethe				
	U.S. Naval Hos		hospital, giva straat address)	d. STREET ADDRES	Chelsea Lane		ON	A FARM
	NAME OF DECEASED	First	Middla	Last	4. DATE Mor	nth Day	Yaa	ır
	(T) (1)	heresa	Sylinda	GARDNER	DEATH APR	RIL 8	19	62
1.0	SEX 6. COLOR	OR RACE 7. MAI	RRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In yea		IF UNDER	
	Female Cauca			-24-83	78 79 yrs.	Months Days	Hours	Min.
	. USUAL OCCUPATION (Give kin	nd of work 101	b. KIND OF BUSINESS OR INDUST		710	y) 12. CITIZEN C	OF WHAT	COUNTR
à	Housewife	an if retired)		Washingto	n.D.C.	USA		
	FATHER'S NAME			14. MOTHER'S MAIDE				
	Harry Boyer			Sylinda B	RTCHT			
	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addra	BSS		
8	as, no, or unkown) (Ifyasgiveward	ordatas of servica)	TI	ognital Poo	ande			
i	18. CAUSE OF DEATH Enter	r only ona causa p		ospital Reco	rus		TERVAL BE	
	PART I. DEATH WAS CAUS	SED BY:	V. 1 4 4 10 1 4 10 1 4 1 1 1 1	118 restervis	4611	0	16 M	
	IMMEDIATE (14 yw/ 574 94 94X /	// / YY MAQYY	3/77		.0 100	
	420,1		cute myocardia	l infarctio	n			
	Conditions, if any, which gave rise to immediate cause	(b)	cute myocardia	l infarctio	n			
	gava rise to immediata causa (a), stating tha underlying		cute myocardia	l infarctio	on		19 Da	4.0
	gava rise to immediata causa (a), stating tha underlying causa last.	(b)	racture	R+ hip		SIVEN IN PART (s)	19 Da	4/2
	gava rise to immediata causa (a), stating the underlying causa last.	(b)	racture	R+ hip	OTA	SIVEN IN PART 1(a)	PERF	ORMED?
	gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICAN	(b)	ractwa contributing to DEATH BUT NO	R+ hip	MINAL DISEASE CONDITION C	SIVEN IN PART 1(a)	19 Da	AUTOPSTORMED?
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	gava rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O (IF, EITHER, NOTIFY MEDICAL E) NATURA CAUSE Hour a.m. p.m. April 21. certify that (th) saw the deceased alive	(b) RMEXS: (c) NT CONDITIONS ING	DESCRIBE HOW INJURY OCCURED ient was 19 da convalescing od. INJURY OCCURED 20e. PL While work at work Hoteled the deceased from 8	DI RELATED TO THE TERM O. (Enter nature of injury ys post op well; devel) ACE OF INJURY (Homa, frory, streat, offica bldg., a ospital March 19 ATTENDING	in Part I or Part II of item 18.) insertion of oped acute Months, 20f. (City or town) ite.) Bathesda 19.02 toApril. 3:12 AM the cause	hip pros (County) Montg. 8, 19.62 is and on the d	that XI)	is, (State) Md. (we) laid above b. DATE SIGN
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	gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	(b) RYEXOR (c) NT CONDITIONS of DEATH Pat KAMINER) 1 18 62 at is hospital) at on. April	DESCRIBE HOW INJURY OCCURED ient was 19 da convalescing od. INJURY OCCURED 20e. PL While work at work Hoteled the deceased from 8	CENTERLATED TO THE TERM OF RELATED TO THE TERM OF STATEMENT OF THE TERM A.D. ATTENDING PHYS. 22d. ADDRESS	in Part I or Part II of item 18.) insertion of oped acute Months, 20f. (City or town) ite.) Bathesda 19.02 toApril. 3:12 AM the cause	hip pros (County) Montg 8 , 1962 s and on the d	that XI) late state 221 ,1962	is, (State) Md. (we) law add above b. DATE SIGNI
	gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF	(b) RYEXS: (c) NT CONDITIONS (DEPTH 20b. 10 10 10 10 10 10 10 1	DESCRIBE HOW INJURY OCCURED ient was 19 da convalescing od. INJURY OCCURED 20e. PL. While work at work Hoteled the deceased from 8	DI RELATED TO THE TERM D. (Enter nature of injury ys post op well; drown, from the first op well; drown, from the first op well; drown, streat, office bidg., a cospital March 19 ATTENDING PHYS. 22d. ADDRESS U. S. Na	in Part I or Part II of item 18.) insertion of oped acute Marm, 20f. (City or town) itc.) Bathesda 19.02 toApril. 3:122 AM the cause	hip pros (County) Montg. 8, 19.62 s and on the d	yes thes that XI) late state 221 ,1962	is, (State) Md. (we) law add above b. DATE SIGNI
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	gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O (IF, EITHER, NOTIFY MEDICAL E) NATURAL CAUSE O (IF, EITHER, NOTIFY MEDICAL E) 20c. TIME OF INJURY Month Hour a.m., p.m. April 21. certify that (I) (the saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Tyre) 22c. PHYSICIAN'S NAME (Tyre) 23b. I REMOYAL (Specify) BURIAL, CREMATION, 23b. I REMOYAL (Specify)	(b) RYEXX (c) NT CONDITIONS ING 20b. OF DEATH Path AMINER) In B 62at is hospital) at pn. April O V. WILI DATE THEREOF -11-62	DESCRIBE HOW INJURY OCCUREI ient was 19 da convalescing od INJURY OCCURED voils at work at work at 19.62 and the least of the convales of the least of the convales of the least of the	CENTERLATED TO THE TERM O. (Enter nature of injury ys post op well; devel op land) ACE OF INJURY (Home, for tory, streat, office bldg., a control of the tory of the tory) March 19 I death occurred at. ATTENDING PHYS. 22d. ADDRESS U. S. Na OR CREMATORY National	in Part I or Part II of item 18.) insertion of insertion of acute Marm, 20f. (City or town) itc.) Bathesda 19.62 to April 3:12 AM the cause MED. STAFF DIRECTOR STAFF DIRECTOR PHYS. 5 Eval Hospital, I	Monte. 8, 19.62 s and on the d April 8 Bethesda, M town or county) on, Virgin	that XI) late state 221 ,1962 Ad.	is, (State) Md. (we) la ed above b. DATE SIGNI
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TO HOSPICAL OR AT NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour after death.

TO FUNICAL DIRECTOR: After this certificate has been signed by the attending physician and completed illed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. VR A15 (4) 15M 7/61

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	1 tem 2	RESEARCH AND RECORD	, , , , , , , , , , , , , , , , , , , ,	STREET, BALTIMON	RE 1, MARY	LAND
W)	PLACE OF DEATH infor.	h cer.iwk	2. "SUAL RESIDENCE a. JATE	62. CBC (Where deceesed lived, If Institution 6. COUNTY	itution: Roudence	
12	Montgomery b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporate limits, write Ri		
7	Bethesda (Rural)	1 day	******	Forest Heig	ots	1615-
	d. Name of Hospital or Institution (if U.S. Naval Hospit		d. STREET ADDRESS	109 Iroquois Wa	ay	ON A FA
	NAME OF DECEASED (Type or print) Shari Bayy	Middle	ASCHE	4. DATE Month OF DEATH APRIL	Dey 28	Year 1962
200	6. COLOR OR RACE 7	. MARRIED NEVER MARRIED 18	. DATE OF BIRTH	9. AGE (In years IF Mast birthday)		IF UNDER 24 Hours M
1	Female Caucasion On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	WIDOWED DIVORCED 2	27 APRIL 1962 RY 11. BIRTHPLACE (County	& Stete, or foreign country)	12. CITIZEN OF	WHAT COUR
1	3. FATHER'S NAME		Montgomery		USA	
	James Russell GAS 5. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no, or unknown) ((If yes give war or datasof sen	ES? 16. SOCIAL SECURITY NO. 17. 1		C. GASCHE		
	NO 18. CAUSE OF DEATH [Enter only one co		Hospita	l Records		RVAL BETWE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)		Heart D.		-7	hou
		ONS CONTRIBUTING TO DEATH BUT NO	AT BELLA TED TO THE TERMINE	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19	PERFORM
2			OF RELATED TO THE TERMINA		Y	and a
2		206. DESCRIBE HOW INJURY OCCURED		art I or Part II of item 18.)	Y	
	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED 20e. PLA While Not While fect et work et work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County)	ES 🔀 NO
	20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (1) (this hospitel	206. DESCRIBE HOW INJURY OCCURED 206. INJURY OCCURRED While Not While et work et work 1) attended the deceased from	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town) 962, to28APR]	(County)	(Ste
	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED 20e. PLA While Not While et work et work 1) attended the deceased from	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) 27 APRIL 10 death occured 67.7.4 ATTENDING ME PHYS. DIF	20f. (City or town) 962, to28A.P.R.]	(County)	(Ste at (M) (we stated a 22b. D
	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (1) (this hospitel saw the deceased elive on 28	206. DESCRIBE HOW INJURY OCCURED 206. INJURY OCCURRED While Not While fect fect of work 19 attended the deceased from PRIL	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) 27 APRIL, 1 death occured & .7.A ATTENDING ME PHYS. DIF	20f. (City or town) 962, to 28 APRI M, from the causes and STAFF RECTOR PHYS.	(County) [.I. 19.62th Id on the det	(Ste at 60) (we stated a 22b. DIL 196
	20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (M) (this hospitel saw the deceased elive on 28	20d. INJURY OCCURRED 20e. PLA While Not While et work 10 attended the deceased from PRII	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) 27 APRIL. , 1 death occured & .7.A ATTENDING ME PHYS. DIF 22d. ADDRESS OR CREMATORY	20f. (City or town) 962, to 28 APRI M, from the causes an STAFF RECTOR PHYS. X	(County) LI 19.62th ad on the det 28 APRI Bethes or county)	(Steel State of the State of th

SHORAG PARAMETER VANT PERSON

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Disse . Parners , Torr 1200. vs., Sevilons, . .

TO HOST LO RATT ING PHYSICIAN: The law requires that the death certificate be executed within 24 how the death. At a may be read to by the hospital or attending physician.

S > TO FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the attending physician and completed by the attending physician and completed by the attending physician and complete by the defacted for use as the burial-transit permit. Then please remove carbon papers, ragges 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04710 CERTIFICATE OF DEATH 04709

i. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	a. STATE Kentu	1 001111	nstitution: Residence before admission Nelson
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporata limits, write	RURAL and give neerest town)
Silver Spring	2 weeks	Bards	town	55x.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE
Bel Pre Nursing Home 26		None		ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month OF	
(Type or print) Edward	Alexander	Gaylor	DEATH April	9 19 62
6. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years I lest birthdey)	
male white wibo	WED DIVORCED	Aug 28, 1876	85 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired Internal Revenue 3. FATHER'S NAME	Agent U.S. Gov't	Tennessee		12. CITIZEN OF WHAT COUNTRY
		14. MOTHER'S MAIDEN N	IAME	
William Gaylor		Sally Dab	- 1	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yas, no, or unkown) (Ifyesgivewarordatesofservice)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
9.7	400-48-6160 Ke	rmit L. Gavl	or 8601 Manche	ster Rd. S.S., Md.
Conditions, if eny, which geve rise to immediate ceuse (a), steting the underlying cause lest.	journalised as	rioseleroni Terioseleron	is	Unknown
PART II. OTHER SIGNIFICANT CONDITIONS C	-			EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING [] 206. I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enfer nature of injury in P	en i or ran ii or item is.,	
Hour a.m.		CE OF INJURY (Home, ferm, ry, street, office bldg., etc.)		(County) (Steta)
21. I certify that (I) (this hospital) att saw the deceased alive on Coast				
220. SIGNATURE Rayon H	Maum M.	D. PHYS. DI	AED. STAFF	april 9,196
22c. PHYSICIAN'S NAME (Type) Aaron H. Tra		22d. ADDRESS 8237 Geor	gia Avenue, Si	lver Spring, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 4-13-62	23c. NAME OF CEMETERY C		23d. LOCATION (City, tow Bardstown Nel:	son Co, Kentucky
Warner E. Pumphrey Inc.	Silver Spring. M	orgiaAve 25a. REC	'D BY REGISTRAR 256. REG R 1 1 '62 Cod	SISTRAR'S SIGNATURE

Stlver Spring Laure 31 Fra Harving How 2001 Del Fre DR. And of the state o 'at the Tobernal Payence Month C. S. Cov to Manager noticely man faither the contract of the contract o Carling the Land Day Draw Dis Jay De Line with the same of the same of the 21017 1020 Course shirt dina me BETT DESCRIPTION AVERSE, BLIVET SOCIAL, BALL A Property of the second "Watcher Colemn Colemn Co, Echangler dallano de de la constante de myladayonis being a Said Margaretaning Marger E. Tomphier, Inc. Sliver Spring, Marvish

RTMENT OF HEALTH ARYLAND STATE DEPA DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) h COUNTY omer MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 þ write RURAL and give mearest (own) NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) AKMARIUM NAME OF DATE DECEASED (Type or print) DEATH with B. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR MARRIED NEVER MARRIED last birthday) Months an WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D.C. Own home attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 15. WAS DI CEASED EVER ARMED FORCES? (Yes, no, offunkown) (Ifyes give war or dates of service) Stuart Gessford 207 E. Melbourne Ave. Spring, Md. None None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 5 8 day anema 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Aft Not While While Hour a.m. at work at work 4 April., 1962, that (1) (we) last saw the deceased alive on..... 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ernest E. Harmon Colesville Rd. Silver Spring. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) 一方 4-7-62 Rock Creek Cemetery Washington, D.C. 0 Burial ADDRES 34 Georgia Ave 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Hrane 15M 9/60 '62 DATEAPR 6 Warner E. Pumphrey Spring, Maryland

e. IS RESIDENCE ON A FARM

YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

22b. DATE

Maryl

(State)

SIGNED

YES XX NO

(County)

S. Markin Salmestiness, and appropriately Throwing there is no standards of more than the MASSIMOTON SERVING WILLIAM SERVING TOWNS SERVING WILLIAM SERVING TOWNS S CENTRAL CERTIFICATION OF THE CA the second of th .T. W. on the classes of the contract of the c For this . Net Don Hall have The Moral of the Committee Committee of the Committee of withingth B. There we will be a 1950 Tollers Mar Dr. Delver Spring, Angeline V-1-52 Cook treet Committees (01) a confidencia ave. Pariet E. Papirey, Og. Sliver Spring, Previand School E. Te. Color of

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KI		ACE OF DEA	TH I LEM:	3 4 &	23b, Film	2. US	VAL RESIDEN	CE Willers dec			ence before	edmission)
->	ā.	Montgo	mery		MARYLAN		STATE Virginia	3.	b. COUN	1TY		
	ь.		(if outside corporete lim	its,	c. LENGTH OF STAY IN	l 1b c.	CITY OR TOWN		ete limits, write	e RURAL end giv	e neerest to	wn)
		Bethes	da (Rural)		7 days		Staunton	α		83	X 3	
	d.		SPITAL OR INSTITUTION		tal, give street address)	d.	STREET ADDRESS					RESIDENCE A FARM?
5/			Naval Hospit	al			1011 Ba					NOX
	D	AME OF ECEASED ype or print)	Henry		Middle Doyle	GIBSON	Last	4. DATE OF DEATH	April	27	19	62
1	5. SI	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9.	AGE (In years last birthday)	Months Days		R 24 HRS.
		Male	Caucasian	WIDOWED	DIVORCED [July	4, 1932		39 yrs.			
	done	during most of	ATION (Give kind of wor working life, even if retire ine Corps	k 10b. KIN	D OF BUSINESS OR INC		Virginia		preign country)		OF WHAT	COUNTRY
	13. F	ATHER'S NAME				14. M	OTHER'S MAIDEN	NAME				
T		ther Gi					nnie Rob	ertson				
1	15. V (Yes,	AS DECEASED	EVER IN U.S. ARMED FO	service)	0 1				Address		// -	
	Ye	S	6-50 - 11-5	3 22		Hospi	tal Reco	rds	S		#1 .	
			F DEATH [Enter only on ATH WAS CAUSED BY:	e cause per lin	e for (a), (b), and (c).]						ONSET AND	
72.1		PAKI I. UE	IMMEDIATE CAUSE (e	1409	5/Kens 1) in eo	ev-				8 70	us
100		do	/ DUE TO									
		Conditions, if a)								
		geve rise to imm a), stating the	DITE TO									
- Ju	-	cause last.) (c)				DISTASS O	ONDITION CIT	VENT IN DARK 1/-	19. WAS	ALITOPSY
0	NO N	PART II. OT	HER SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DEATH BU	UI NOI KELAI	ED TO THE TERM	INAL DISEASE C	ONDITION GI	YEN IN PART I(a)	PERF	ORMED?
0	CA			1 001 0000	NISC HOLD WILLIAM OCC	CLIPED /F. I	-to-a of lations in	Don't Los Bort II	of item 19 \		YES	NO [
	2 0	P. CONTRIBUTI	WAS UNDERLYING [] NG [] CAUSE OF DEATH		RIBE HOW INJURY OCC	CUKED. (Enter	neture of injury in	Lett I of Lett II	or Hem 10.)			
	C) I	F EITHER, NOT	TEN ALEBICAL PMAJAILIPE)						(County)		(Stete)
		On TIME OF I	IFY MEDICAL EXAMINER	eer 120d It	JILIPY OCCUPPED 1 20	e PLACE OF I	NJURY (Home, far	m. ' 20f. (City	or town)			
		20c. TIME OF II	IFY MEDICAL EXAMINER NJURY Month, Dey, Y	While	Not While		NJURY (Home, far et, office bldg., et		or town)			
	MEDICAL	Hour a.	NJURY Month, Dey, Ym. 19	While at work	Not While	factory, stre	et, office bldg., et	c.)		7 1062	that XV	(wa) la
	MEDICAL	Hour a.	NJURY Month, Dey, Y m. 19 that X (this hosp	While at work	Not While et work	factory, stre	et, office bldg., et	19.62, 10	April 2	7, 1962	, that (X)	(we) la
	MEDICAL	Hour a., p. 21. I certify saw the dec	NJURY Month, Dey, Ym. 19 y that (X) (this hosp eased alive on AD)	While at work	Not While et work	factory, stre	et, office bldg., et	19.62, 10	April 2	27, 1962. and on the	date stat	ed abov
	MEDICAL	Hour a.	NJURY Month, Dey, Ym. 19 y that (X) (this hosp eased alive on AD)	While at work	Not While et work and the deceased f	factory, street	1 20 ccured 1C	19.62, to 19.63, to	April 2 the causes	and on the	date stat	ed abov
	MEDICAL	Hour a. p. 21. certify saw the dec	NJURY Month, Dey, Ym. 19 I that A (this hosp eased alive on AP)	While at work	Not While et work	that death	1 20	19.62, to 19.63, to	April 2	and on the	date stat	ed abov
1	MEDICAL	Hour a., p. 21. I certify saw the dec	NJURY Month, Dey, Ym. 19 y that (X) (this hosp eased alive on AD)	While at work ital) attend	Not While et work ed the deceased f	that death	occured occure	19.62 to 19.63 to 19.64 to DIRECTOR	April 2 the causes	and on the	date stat -27-62	ed abov 2b. DATE SIGNI
1	MEDICAL	Hour a p. 21. certify saw the dec 22e. SIGNATU PHYSICIAI NAME (T:	NJURY Month, Dey, Y m. 19 y that (X) (this hosp eased alive on AD) RE N'S (Pe) V. N. HOU	While at work ital) attender il 27,	ed the deceased for the large state of the MC USIN	that death	1 20 occured 10 trending 148.	19.62, to 19.62	April 2 the causes STAFF K	and on the	date stat -27-62 da, Mo	ed abov 2b. DATE SIGNE
1	WEDICAL 33a.	Hour a. P. 21. I certify Eaw the dec 22c. SIGNATU 22c. PHYSICIAI NAME (T) BURIAL, CREM EMOVAL (Spec	NJURY Month, Dey, Ym. 19 I that (A) (this hosp eased alive on AP) RE V'S (YPO) V. N. HOUI	While at work ital) attend ril 27,	ed the deceased for the large way and large	factory, street factory, stree	occured 10 TIENDING HYS. Od. ADDRESS U. S. M MATORY	19.62, to 19.62	April 2 the causes STAFF PHYS. K spital,	and on the	date state 22 -27-62 da, Mo	ed abov
1	WEDICAL 33a.	Hour a. P. I. I certify taw the dec Z2c. SIGNATU L2c. PHYSICIAL NAME (T: BURIAL, CREM EMOVAL (Spec Burial	NJURY Month, Dey, Y m. 19 I that A (this hosp eased alive on AD) RE V'S VPO V N HOU	While at work ital) attend ril 27,	ed the deceased for the large state of the MC USIN	factory, street factory, stree	occured 10 occured 10 trending d. Address U. S. M MATORY 1256. RI	19.62, to 19.62	April 2 the causes STAFF PHYS. X spital, TION (City, 16 ersvill RAR 25b. Ri	Bethes	date state 27-62 da, Mo	ed abov

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7. 1-2	MARYLAND STATE DEPARTMENT OF HEALTH
	1 47 pinsion of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Page les.	Montgomery MARYLAND Maryland Brownty
8 . = 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)
your f	Jakoma Fart, D.O.A. Silver Spring 15
direct y is	d. NAME OF HOSPITAL OR INSTITUTION (if not the hospital, give street address)
B B	Washington, Sanitarium K+ 2 Stewart Cane VES NOX
State	3. NAME OF First Middle Last 4. DATE Month Dey Year
o the orthographic the orthographic distribution of the orthograph	(Type or print) Donald Emerson Sollador 4 22 1962
d 3 to t ay be with the safter	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. 1 Months Days Hours Min.
fer de 2 ma de	WIDOWED DIVORCED DIVO
afte 1, 2, 1, 2, 3e 5 and 2 h	10a. USUAL OCCUPATION (Give kind of work done during root of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1	Ketired Navy 1)C. USH.
24 ho e Pag PM3. page: withi	13. FATHER'S NAME
Give P Give P m PM ile pa	James Emerson Tachel Newman
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (If yes of vewer or detectors envice) 578-05-4631
uted with frem 18. with for permit.	yeswillaug 26 yrd. Mrs. I velyn Golladay-Wife
U = m + .5	18) CAUSE OF DEATH [Enter of y one cause per life for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
e exe alon transi	IMMEDIATE CAUSE (a) Coronary declusion
uld b in pe iffice urial- oval,	Conditions, if eny, which (b)
should in 's Offi	geva rise to immediate cause DUE TO
	(a), steting the underlying cause lest. (c)
ertificate I "pendir Examiner s used as	
vord vord d be emati	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 2 20e. EXTERNAL CAUSE WAS 100 PORT OF Part II of item 18.) PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 2 20e. EXTERNAL CAUSE WAS 100 PORT OF PART II of item 18.)
: Thi edice ould cree	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part V or Part II of item 18.)
E + X + Y E	
MINI vriting Chief age 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)
A. w. he che che che che che che che che che	Hour e.m. While Not While lactory, street, office bldg., etc.)
pricate pricate	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
DICA e certif arded IRECT agent,	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
MEDI forwar L DIR	CHIEF MEDICAL EXAMINER
M for for also	SIGNATURE FRANK & DATE SIGNED DATE SIGNED
Sign A	EXAMINER'S TRANK J. BASCHANA Address (Street, city, town, or county)
DEF M M M M M M M M M M M M M M M M M M M	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) (State)
0 2 1 0 0	Burial 4-26-62 National Memorial Park Falls Church Fairfax Co., Virginia
H H	23. FUNERAL DIRECTOR P. ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9/60	Warner E. Pumphrey, Inc. Silver Spring, Maryland DATE PR 27'62

SATIO As most replied the state of the land of the state of the little of the an age and all all and the company The Time Typical State of the s James of Epigers and Line Land Land Colladau - B AND THE RESERVE OF THE PROPERTY OF THE PROPERT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4714 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give process town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) þ e. IS RESIDENCE not in hospital, give street adde ON A FARM? YES NO NAME OF Middle DATE Dev 4. DECEASED OF pap comple (Type or print) DEATH carbon Age (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) certificate be physician and Months Devs Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working the even if petire 12. CITIZEN OF WHAT COUNTRY? remove eve even if petired FATHER'S NAME death ding d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes vewer or detes of service) attending physician. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS COUSED BY: burial-transit Conditions, if eny, which certificate has been geve rise to immediate cause DUE TO (e), steting the underlying burial, ceuse lest. the 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? hospital as 0 NO Prior 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (State) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Aff While Not While Hour e.m. et work et work 30, 19.64 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from JUNE saw the deceased alive on.... ...19.5.4., and that death occured at OFM, from the causes and on the date stated above. 22b. DATE 220. SIGNATURI ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS PHYSICIAN FUN 23e. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) EMOVAL (Specify) Arlington, Arlington Cemetery o÷ å Burlal 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Cirlbury S. Thomas Bethesda, Maryland Robert A. Pumphrey, 15M 9/60 DATE

6/18/187 THE LE WHITE historial (Flanting) as alwayshay Illy the Fitte Token at a leveluste The Will at Willer And from the transment of the Landan Miller surial 5/4/62 ariington Genatery Arlington, Virginia Robert A. Eugenery, bethesda, Maryland Age To Committee Committee

ed in by the funeral ages I and 2 should

and

The law requires that the death certificate be executed within 24 ho

TO HOSPES, OR ATT ING PHYSICIAN: The law requires that the death certificate be executed within 2 death. P 4 may be received by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers is a be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours efter

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIDITION STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where daceesed lived, If institution:	tasidance before edmission)
MONTGOMERY MARYLAND	a. STATE MD b. COUNTY	UT GOMER
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	
Write RURAL end give nearest fown) BETHESDA 4 days.	40 SILVER SPRING	~1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
SUBURBAN HOSP.	2107 Hildarose Street	YES NO
NAME OF First Middla DECEASED (Type or print) ESTELLE F.	GOTT A. DATE Month OF DEATH	22 - 1962
	B. DATE OF BIRTH 11-9-90 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.
		IZEN OF WHAT COUNTRY
lona during most of working life, avan if retired) // Dwn Home	Gethysoma PA.	U.S.A.
Last name FROMMEYER, FRANCIS	14. MOTHER'S MAIDEN NAME KIME, SARI	94
	INFORMANT Address	S.S., Md.
NO NO \$77-48-9003 1	The S. gest (Son) 2107 Hi	ldarose St.
18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Hank Failure	ONSET AND DEATH
IMMEDIATE CAUSE (0)	Theart I want	700/
Conditions, If any, which (b) (2) levels	Fibrillation	5 days
gave risa to Immadiata cause (a), stating the underlying cause tast. DUE TO ### HIP TO	sur feart Dinesse	20715
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	D. (Enter nature of injury in Part I or Part II of item 18.)	
Hour e.m. While Nor While fec	ACE OF INJURY (Home, farm, tory, street, office blda, etc.)	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from.	1950 to 226ful 10	(2, that (1) (we) las
saw the deceased alive on 2	death occured at M., from the causes and on	the date stated above
220. SIGNATURED IN LO	ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 22062
22c. PHYSICIAN'S	22d. ADDRESS Georgia Are Si	lver Springs
NAME (Typa) Merton L. White		
Mercon B. Wille	OR CREMATORY 23d, LOCATION (City, town or count	y) (Stete)
mercon b. warte		

3 -Plant & market RETHERD OF THE STATE OF THE STA ESTELLE FE CHITTEN L. FREE CL ALL THE THE PARTY OF THE PARTY there is not the second of the second of the second LA PARTIE DE LA MARIE DE LA PROPERTIE DE LA PORTIE DE LA PROPERTIE DE LA PROPE Are the second of the second o accolonie Fuller Contra Hyperson from Disson of Mary My 34 Colly when I'm They リーを行うで、30 mo からん The property that the property of the property Truction of the contract of th

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IL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 hq 4 may be god by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and complex led in by the	e 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Tages 1 and	the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat
OE	A	3	90
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF	STATISTICAL RESEARCH	AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	, MARYLAND
03110		CERTIFICATE	OF DEATH		04715

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)
Montgomery MARYLAND	a. STATE b. COUNTY Virginia
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
write RURAL end give nearest town)	New Alexandria 83 x · 3
Bethesda (Rural) 2 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
2. The state of th	ON A FARM?
U. S. Naval Hospital	703 16th YES NO 1
3. NAME OF First Middle DECEASED	Last 4, DATE Month Dey Year OF
(Type or print) Warren Iaise	Granger DEATH April 19, 19 62
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Caucasian WIDOWED DIVORCED	June 29, 1898 last birthdey) Months Deys Hours Min.
	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	
Ret. Marine Corps Officer 13. FATHER'S NAME	Pennsylvania USA
13. TATTIER 3 NAME	14. MOTHER'S MAIDEN NAME
Howard Granger	Lillian Laise
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	NFORMANT Address
	pital Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Congestine be	Jacob
DUE TO	
Conditions, if eny, which gave rise to immediate cause	ischemia
(e), steting the underlying DUE TO	
cause last. (c) arlercoaclaro	he coronary insufficiency
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Dealectes mellities	YES X NO
OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Pert I or Pert II of item 18.)
Hour a.m. While Not While factor p.m. 19 et work at work	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
21. certify that (1) (this hospital) attended the deceased from	April 18,, 1962, to April 19, 19.62 that (N) (we) las
	death occured at 10: 35 fram the causes and on the date stated above
22e. SIGNATURE	22b. DATE
10 101 8 -	D. ATTENDING MED. STAFF PHYS. X April 19, 1962
22c. AHYSICIAN'S	D. PHYS. DIRECTOR PHYS. X April 19, 1962
MAME (Type) JOSEPH H. EUSTERMAN LT MC USN	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 4-24-62 Arlington N	ational Arlington, Virginia
24 FUNERAL DIRECTOR'S SIGNATURE S. Eucly Alassandria, V	a. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Everly Wheatley Funeral Home, Braddock Rd	., DATE APR 23 '62 without S. Thomas
The man was a fearner of the) IDAIE

- Market 19940W Control to 388E,08 emt. nimeriyanusi Howers, Grunger

JUNET H. BURY W. U. W. U. W. W. W. House Looping, Benness, 181.

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MARYLAND STATE DEPARTMENT OF HEALTH

03013	CERTIFICA	TE OF DEATH	04716
PLACE OF DEATH		2. USUAL RESIDENCE (Where decea	sed lived, If Institution; Residence before edmission
Montgomery	MARYLAND	o. STATE Maryland	b. COUNTY Montgomery
b. CITY.OR TOWN (if outside corpora	ate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporat	e limits, write RURAL and give neerest town)
write RURAL end give nearest tov Takoma Park	yn) 3 vears	19 Takoma Park	
. NAME OF HOSPITAL OR INSTITUT	TION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENC
Cur-Lu Nursing H	ome	805 Kennebec Ave	ON A FARM
NAME OF	First Middle	Lest 4. DATE	Month Dey Yeer
ECEASED (ype or print)	A Tsabelle G	OF DEATH	APRIL 11 1962
EX 6, COLOR OR	RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. A	CE (In years LIE LINDED 1 YEAR LIE LINDER 24 HPS
EMALE QUIL		الم	st birthdey) Months Days Hours Min.
USUAL OCCUPATION (Give kind	WIDOWED DIVORCED DIVORCED	February 25, 1884	p/8 yrs.
during most of working lifa, aven i	if retirad)		
OUSEWIFE ATHER'S NAME	Own home	New York	U.S.A.
AIREK S NAME		14. MOTHER'S MAIDEN NAME	
Issac Gary		Caroline Coseo	
WAS DECEASED EVER IN U.S. ARMI no, or unkown) (Ifyesgivewarord: None	ates of service!	INFORMANT	Address
		orothy G. Lockwood Rt	5 - Frederick, Marylan
	nly one ceuse per line for (a), (b), end (c).]	11	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIATE CAU		5 HEART FAIL	URE 2 WEEK.
4200	UE TO		
Conditions, if eny, which	(b) ARTERIOSCLE	EROTIC HEART	DISEASE 10 YRS
gave rise to Immadiete cause	1		
(a), stating the underlying couse lest.	AND HYPERT	ENSIVE CARDIDVAS	CULAR LISENSE 12 YRS
	CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(e) 19. WAS AUTOPS
h/			PERFORMED?
200. ACCIDENT WAS UNDERLYING	T 1 20h DESCRIBE HOW INHIPY OCCUR	RED. (Enter neture of injury in Part I or Pert II of	
OR CONTRIBUTING [] CAUSE OF D		LD. Liner nerure or injury in Pair I or Pen II or	
			nem ro.)
IF EITHER, NOTIFY MEDICAL EXAM	AINER)		
F EITHER, NOTIFY MEDICAL EXAM	AINER) ey, Yeer 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, ferm, 2Df. (City or actory, street, office bldg., etc.)	
(IF EITHER, NOTIFY MEDICAL EXAM	AINER) ey, Yeer 20d. INJURY OCCURRED 20e. P	actory, street, office bldg., etc.)	
IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, D Hour e.m. p.m.	ey, Yeer 20d. INJURY OCCURRED 20e. P While No! While	actory, street, office bldg., etc.)	town) (County) (Stete)
IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, D Hour e.m. p.m. 21. I certify that (this	while Not While at work at work to be deceased from	n	(County) (Stete)
IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, D Hour e.m. p.m. 21. I certify that this saw the deceased alive of	while Not While at work at work to be deceased from	n. 1958 to	(County) (Stete) PESEN 19, that (I) (we) I. Auto-Sapara to the date stated above
teither, NOTIFY MEDICAL EXAMPLE. Co. TIME OF INJURY Month, D. Hour e.m. p.m. 1. I certify that this aw the deceased alive and	while Not While at work at work 19 and the Note of the	n. 1959 to	(Stete) ### (Stete)
IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, D Hour e.m. p.m. 21. I certify that this is the deceased alive of the	while Not While at work at work 19 and the Note of the	n	PESEN 19, that (I) (we) law and the stated above 22b. DATE SIGN PHYS.
20c. TIME OF INJURY Month, D. Hour e.m. p.m. 21. I certify that this the deceased alive of the deceased alive	while Not While at work at work 19 and the Note of the	n	(Stete) PESENT 19, that (I) (we) law and the date stated above 22b. DATE STAR
20c. TIME OF INJURY Month, D. Hour e.m. p.m. 21. I certify that this saw the deceased alive of the control of	while Not While at work at the deceased from the spiral and the sp	m	PESEN 19, that (I) (we) law and the stated above 22b. DATE SIGN PHYS.
20c. TIME OF INJURY Month, D Hour e.m. p.m. 21. I certify that (this saw the deceased alive of the deceased a	ANNER) Tey, Yeer 20d. INJURY OCCURRED 20e. P While Not While 19 work at work 19 wor	m	County) (State) RESENT 19, that (1) (we) law and stated above 22b. DATE SIGN PHYS. I April 6 SIGN ENERAL HOSPITAL ON (City, town or county) (State)
20c. TIME OF INJURY Month, D Hour e.m. p.m. 21. I certify that (this saw the deceased alive of 22a. SIGNATURE (Type) Robert. BURIAL, CREMATION, 23b. DATE (REMOYAL (Specify) BULL 1	ANNER) Tey, Yeer 20d. INJURY OCCURRED While Not While at work at work At lended the deceased from And the second second secon	m	County) (State) RESERVE 19, that (I) (we) law and the date stated above 22b. DATE SIGN ENERAL HOSPITAL ON (City, town or county) (State)
20c. TIME OF INJURY Month, D Hour e.m. p.m. 21. I certify that (this saw the deceased alive of the control of	ANNER) Tey, Yeer 20d. INJURY OCCURRED 20e. P While Not While 19 work at work 19 wor	m	County) (State) RESENT 19, that (1) (we) law and stated above 22b. DATE SIGN PHYS. I April 6 SIGN ENERAL HOSPITAL ON (City, town or county) (State)

TO HOSPITAL OR ALT. DING PHYSICIAN: The law requires that the death certificate be executed within 24 last death.

S death.

S TO FUNDATAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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OF THE STATE ASSET Manual Contents of the second CLARM I I made Corolly 18 1814 11 Chil SERVICE CONTROL TANK TENNEST IF, DIST 124 MI SHART OF THE ACT OF THE POST O CONSESTIVE THOUSE FURTHER SWEEKS THE THE KENT ENGINE VALUE VALUE SHEW I SHE THE GALL TOURSE CO. T. T. MERS (1825) THE STATE OF THE S The labels of Mickey, 15, 20 the Warter Seat Control of the Seat C there is alleged the design to the content of the total Where E. Tunudrey, Anc. Eliver Spring, Anylander 8 M.

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L OR A7 DING PHYSICIAN: The law requires that the death certificate be executed within 24 h after	y E	DIRECTOR: After this certificate has been signed by the attending physician and complex illed in by the funeral	3 should be detached for use as the burial-transit permit. Then please remove carbon paper Pages 1 and 2 should	the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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TO FUNEARL I director, page 3 be filed with the

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04717

1. PLACE OF DEAT	Н			2. USUAL		(Where decessed lived, If b. COU!		ence before	odmission)
Montgome			MARYLAND	Mary	rland		tgomery		
b. CITY OR TOWN	if outside corporate lim	its, c.	LENGTH OF STAY IN 16	c. CITY O	R TOWN (If or	utside corporete limits, writ	e RURAL and giv	e nearest toy	wn}
Bethesda	give noorest town,		13 days	17 Gait	hersbu	rg			
d. NAME OF HOSP	TAL OR INSTITUTION	(if not in hospite	l, give street eddress)	d. STREET	ADDRESS				A FARM?
The Clini	cal Center,	Rethes	bM 1/ eb	6 F3	st Dia	mond Avenue			NO T
3. NAME OF	Firs	De ottes?	Middle	Last		. DATE Mont	h Da		36
(Type or print)	Addie		Marie	Griffith	1	DEATH Apri	1 30	19	62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	'H	9. AGE (In yaers last birthdey)			R 24 HRS.
Female	White	WIDOWED	DIVORCED	May 8, 1	1893	68 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION done during most of w	ION (Give kind of wor	k 106. KIND	OF BUSINESS OR INDUST			& State, or foreign country	12. CITIZEN	OF WHAT	COUNTRY
Housewife	orking life, even if ferif	Non	e	Marv	land		U.S	.A.	
13. FATHER'S NAME	TOTAL INCIDEN			14. MOTHER		ME			
James E.	King			Addis	Hurle	W.			
15. WAS DECEASED EN	ER IN U.S. ARMED FO	RCES? 16. 50	CIAL SECURITY NO. 1 17.			dical Record	,		
(Yes, no, or unkown) (If yes give wer or detes of	service)						7	
No	DEATH [Enter only on	Non	e TI	ie Clinic	al cen	ter, Bethesd		NTERVAL BE	
	H WAS CAUSED BY:				1.0			DISET AND	DEATH
Trick in Deri	IMMEDIATE CAUSE (+	Hodgki	n's Disease	, genera	Lized			L6 mon	ths
201	DUE TO								
Conditions, if en	which) (b)					A FEMALE		
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cause lest.	Indertying						1900		
Z PART II. OTHE	R SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	L DISEASE CONDITION GIV	EN IN PART 1(e)		
ATIO									ORMED?
E 20a. ACCIDENT W	AS UNDERLYING	20b. DESCRI	BE HOW INJURY OCCURE	D. (Enter neture o	f injury in Perl	t I or Pert II of item 18.)		110 [2]	
OR CONTRIBUTING	CAUSE OF DEATH								
	JRY Month, Dey, Y	nar 20d. INJL	JRY OCCURRED 20e. PL	ACE OF INJURY	Home, farm,	20f. (City or town)	(County)		(Stete)
20c. TIME OF INJU		While _	Not While fa	ctory, street, office			,,		(0.11)
Print	19	_	et work			10			
						62, to April . 3			
saw the decea	sed alive on Apx	11,30	19.62, and the	at death occur	ed at P	M, from the causes	and on the	date state	d above
22a SIGNATURE	4/-1	+11	11)	ATTENDIN	IG MED	o. STAFF		221	b. DATE
Leo.	J. Po	Will-		M.D. PHYS.		CTOR PHYS.	MAY 1,	1962	SIGNEL
72c. PHYSICIAN'S				22d. ADI	RESS The	Clinical Ce	nter, Na	tiona	1
NAME (Type	George H.	Porter,	III, M.D.	Insti	tutes	of Health, B	ethesda	14. Me	d.
23a. 8URIAL, CREMAT			Sc. NAME OF CEMETERY			23d. LOCATION (City, to			Stete)
REMOVAL (Specify		5 199	Forest Oal	Σ		Gaithersbur	e. Md		
Burial 24 FUNERAL DIRECTO	5-2-6	2	ADDRESS		1	BY REGISTRAR 25b. RE	45	ATURE	
		r-Gait	hersburg.	Md.	0.000		William S. H		
					DATE MA	y 3 '62 C	www a. "		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND MONTGOMERY MONTGOMERY the d 2 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b þ write RURAL and give nearest lown) 11 DAYS GAITHERSBURG OLNEY within d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS 428 EAST DIAMOND AVENUE GENERAL HOSPITAL MONTGOMERY executed 3. NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) FRED HERBERT GRIMM 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months | DIVORCED WIDOWED X 5-23-74 MALE physician 12. CITIZEN OF WHAT COUNTRY? 0 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) MARYLAND RETIRED MAIL CLERK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death aftending ple ANN STAUB DANIEL GRIMM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (Hives give war or detes of service) HOSPITAL RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: PULMONARY EMBOLI IMMEDIATE CAUSE (e) burial-transit DUF TO THROMBOSIS. DEEP SAPHENOUS VEINS Conditions, if any, which geve rise to immediate ceuse DUE TO (e), steting the underlying PULMONARY INFARCT, BILATERAL, MULTIPLE. CERTIFICATION as of ARTERIOCLERATIC HEART DISEASE. 0 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of item 18.) 200, ACCIDENT WAS UNDERLYING OP. CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work at work SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S JACK SCHUMACHER, M.D. NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 053 4-7-62 Forest Oak Buria.

INTÉRVAL BETWEEN ONSET AND DEATH 2da45. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO T (State) (County) 22b. DATE SIGNED GAITHERSBURG, MARYLAND 23d. LOCATION (City, town or county) (State) Gaithersburg. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Kraus Ernest C. Gartner. Gaithersburg. Md.

A. IS RESIDENCE

Year

19

U. S. A.

IF UNDER 24 HRS.

Day

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VR A15 (4) 15M 7/61

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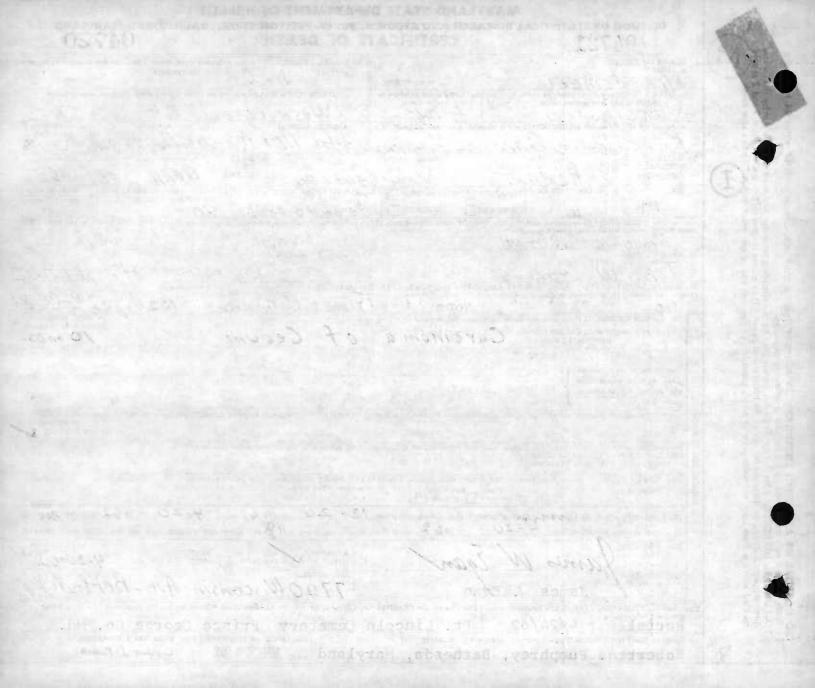
JACK SCHOOLSHID, M.J. M.J. MAITHERLING, MAITE IN

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside/corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neest town) director. your write RURAL and give nearest town) 50 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give seet eddress) d. STREET ADD . IS RESIDENCE ON A FARM? 631 YES NO 3. NAME OF Middle DECEASED (Type or print) DEATH 1942 5. SEX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Gers | IF UNDER 1 YEAR IF UNDER 24 HRS. Wiff last birthday) Months 1 Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY Give Pages 1, 2 done/during most of working life, even if retired) noduc 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sabina Pagni Baldassare Guidi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Myocardial Insufficiency Acute IMMEDIATE CAUSE (a) Office DUE TO Coronary Thrombosis Acute Conditions, if any, which gave rise to immediate cause 40 DUE TO (a), stating the underlying Coronary Arteriosclerosis ld be used a cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. morle 20c. TIME OF INJURY 20d NJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) Month, Day, Year (County) (State) fectory, street, offica bldg., atc.) Not While at work at work 1962 prior DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy 📈, Inspection Inquiry and in my opinion Natural causes Suicide Homicide Undetermined manner forwar CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE C DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 10 Addrass (Streat, city, town, or county) DEL 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Heaven Cem SI VE 2400 Buria Spring Mary 23. FUNERAL DIRECTOR VS. A15ME Robert A. Pumphrey, Bethesda, Maryland DATE APR 13'62 5M 7/59

LAND STATE DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) COUNTY b. COUNTY MARYLAND ITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (Moutside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 mos. d. STREET ADDRESS ENSINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? NO X executed NAME OF DECEASED OF comple (Type or print) DEATH and col AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH last birthday) certificate be Months WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) irainia AWGER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give war or detes of service None 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 4.20 19.62 that (1) (10) last 21. I certify that (I) (the hopital) attended the deceased from ... 1. Z. 19.6.2. and that death occured at 1.2.M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN' NAME (Typ ector, FUN Pelij 23a, BURIAL, CREMATION, | 23b. 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) -ip 0 Ft. Lincoln Cemeterv Burlal 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland DATE MPR 2 6 '62 15M 7/61



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UM 166	CERTIFICAT	E OF DEAT	H	04721
1. PLACE OF DEATH o. COUNTY	UCM EJU FLIM VI			d, If institution: Residence before edmission
Montgomery	MARYLAND		ryland	Anne Hrunde
 CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN ((If outside corporete limits,	write RURAL end give nearest town)
Bethesda (Rural)	39 days	Anna	polis	12,10.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street address)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM
U. S. Naval Hoppital		840 Monro		YES NO S
3. NAME OF First DECEASED (Type or print)	Middle	lliver	OF	Month Dey Year Pril 17 19 62
5. SEX 6. COLOR OR RACE 7. MARRIE	Joseph Gu	DATE OF BIRTH		Veers IF UNDER 1 YEAR IF UNDER 24 HRS
- Lunguus			last birthd	day) Months Deys Hours Min.
Male Caucasian WIDOWE 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D DIVORCED IND OF BUSINESS OR INDUSTR	November 6,		intry) 12. CITIZEN OF WHAT COUNTR
Retired Naval Officer		Maine		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
John Gulliver		Adellaide	Derby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Uses give werpt detes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Ad	Idress
MoyYea World War 1		Hospital Re	cords	
18. CAUSE OF DEATH Enter only one cause per I	ine for (e), (b), end (c).]	1	1 // //	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	11:01.01	or tal	and offer	C ONSET AND DEATH
	The state of the s	0		F 1.
DUE TO	a land and			Sur 800
Conditions, if eny, which geve rise to immediate cause	concern	7		1
(e), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	YES NO E
PART II. OTHER SIGNIFICANT CONDITIONS CON 206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Pert II of item 18.	-)
20c. TIME OF INJURY Month, Dey, Yeer 20d. While P.m. 19 at wor	Not While fact	CE OF INJURY (Home, ferrory, street, office bldg., etc		(County) (Stete)
21. I certify that XI) (this hospital) attend	ded the deceased from	March 10.	19 62 to Apr	11 17 19 62 that (K (we) la
saw the deceased alive on				
22e. SIGNATORE	and mar	dealli occured ap.x	1.2.34,-410111 1110 000	22b. DATE
I harhard &	Jehn M	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	STONE
22c. PHYSICIAN'S NAME (Type)	T 140 11001	22d. ADDRESS	2 22 14 2	by seedted
R. E. AKERS I			ral Hospital	, Bethesda, Md.
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Cit	ry, lown or county) (State)
Burial April 23,196	2 Arlington N	ational	Arling	ton, Virginia
24 JUNERAL OFFEDER & DENATURE WHILE	- Bethesda, Md			. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Funeral	Home, 7557 Wi	sc. Ave. DATE	PR 2 3 '62	arthur S. Kraus

illed in by the Pages 1 and hours after deal TO HOSPIAL OR AT VIDING PHYSICIAN: The law requires that the death certificate be executed within 24 death.

Jet 4 may be need by the hospital or attending physician.

TO FUNCHAL DIRECTOR: After this certificate has been signed by the attending physician and completing in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papere. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de VR A15 (4) 15M 7/61

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Reserved Francis Francis (195) Wise (very selection of the second selection of the selectio

the funeral directar, shauld be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO HOSPITE OR ATTENDY PHYSICIAN: The law requires that the death certificate be executed within 24 ham be received by the ham of the law of the

VR A15 (4) 15M 9/59

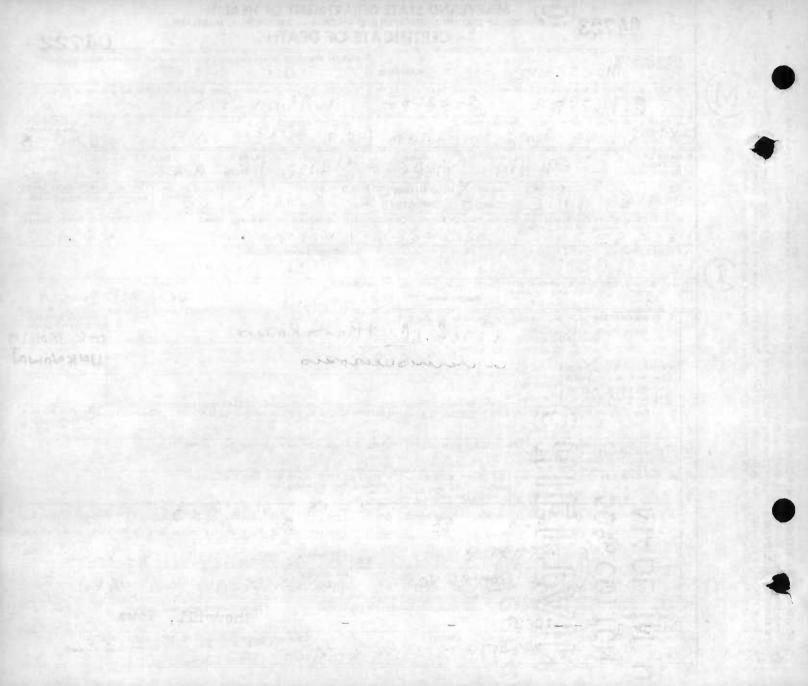
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MARYLAND STATE DEPARTMENT OF HEALTH

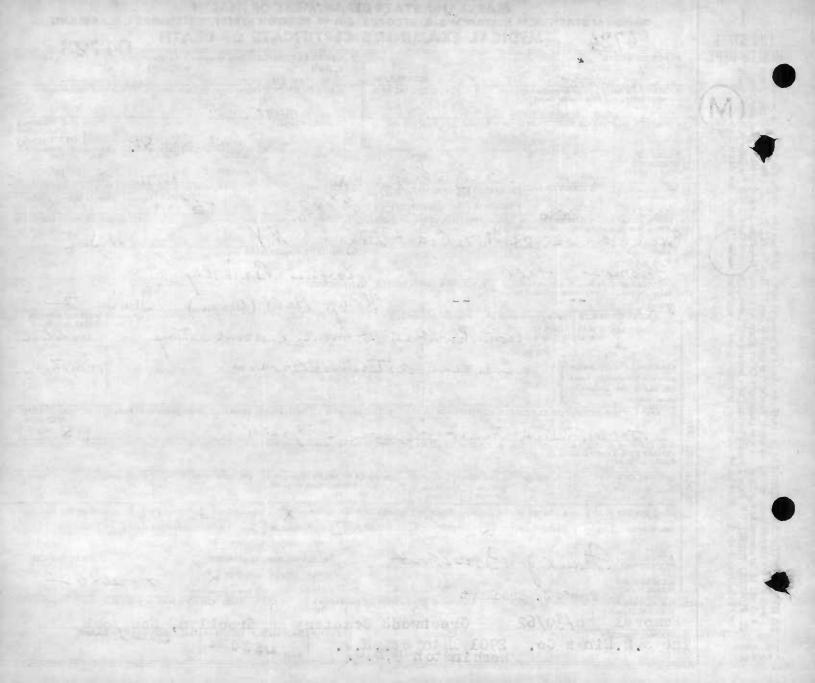
DIVISION OF STATISTICAL

RTIFICATE OF DEATH	

0 T 6 W 0	CERTIFICA	TE OF DEATH		04722
1. PLACE OF DEATH O. COUNTY MONT COMERY	MARYLAND	2. USUAL RESIDENCE (Where deceases o. STATE D. C,	d lived. If institution: Reside b. COUNTY	ance before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		give nearest tawn)
BETHESDA 3	-22-62	WASHINGS	00	47X.3
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION CONCRESSIONAL MANCR SAM	0	4817 3654 ST.	N.W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EDGAR	ALB ERT	Lost 4. DATE OF DEATH	APRIL	Day Year 3 1962
5. SEX MALE 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED	NEVER MARRIED	B. DATE OF BIRTH 4-29-1873	9. AGE (In years lost birthday) 8 8 yrs. IF UNDE	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign of WIS CONS 1		TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ALBERT HALL		LOUISE DRA	AKE	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT HRIAN HALL	Address 4817 36	Th St. NW.
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er (o), (b), and (c).]	thrombosis		INTERVAL BETWEEN ONSET AND DEATH ONE MONT
Conditions, if any, which) (b) CLT	lerioscl	erosis		UNKNOWN
gove rise to immediate couse (o), stoting the under-lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	T NOT RELATED TO THETERMINAL DISEAS	E CONDITION GIVEN IN PA	NRT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Por	t II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJUST Haur a. m. While of work 19	Not while fa	ACE OF INJURY (Home, farm, 20f. (City ctory, street, affice bldg., etc.)	or town)	(County) (Stote)
21. I certify that (I) (this haspital) attended sow the deceased alive on $\frac{l_1}{l_2} = \frac{1}{l_2}$		2 - 13 1961, to death occurred of 2 a. M., from		that (1) (we) lost me date stated above.
20. SIGNATURE S. Q. anagrio.	1	M.D. PHYS. MED. DIRECTOR D	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) S. WORGE AN	ACNOS	1150 CONNECTI	CUT AVE.	N.W.
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Specify) Removal 4-4-1962	Bc. NAME OF CEMETERY C	_	rrill, Towe	
24 FUNERAL DIRECTOR'S SIGNATURE JOSEPH Rawlindons Inc. 1756	Pa aut. Mi	Mark A DATE APR 5	TRAB2 25b. REGISTRAR'S	
			Civil	47 S. Kraus



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) I. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY b. CITY OR TOWN (if outside corporete limits, MARYLAND c. CITY OR TOWN IT outside corporate limits, write RURAL and tive nestes town c. LENGTH OF STAY IN 1b write RURAL end give neerest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE ON A FARM? YES NO X SUBURBAN 3. NAME OF Middle Year DECEASED OF (Type or print) DEATH COLOR OR RACE 7. MARRIED THEVER MARRED 9. AGE (In yeers IF UNDER 1 TEAR IF UNDER 24 HRS last birthday) Months Devs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life; even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME Ē 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) TR. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL SETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Lecule throm Ton in pencil Office DUE TO removal, certificate should Conditions, if any, which geve rise to immediate cause "pending" DUE TO (e), steting the underlying 98 0 pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e); 19, WAS AUTOPSY PERFORMED? 90 word 200. EXTERNAL FAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. NO I pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) AMINER: certificate, writing 3 20c. TIME OF INJURY Month, Dey, Yeer | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. forwarded to the et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER cute the ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE designat DEPUTY MEDICAL EXAMINER 4-26-62 EXAMINER'S NAME (Type) Address (Street, city, town, or county) rank J. Brochart DEP 220. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Q40 p Greenwood Cemetery Brooklyn,
ADDRESS PAGESTRAR 246. Removal Brooklyn, New York REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR
The S.H. Hines DATE APR 3 0 162 VS. AISME SM 9/60



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1			PITAL OR INSTITUTION	if not in hospit	al, giva street address)	d. STREET ADDRESS	5			e. IS RESIDEN
		II.S.	Naval Hospi	tal		7611 Mapel	Ave.	Apt. #20	3	YES NO
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		(Type or print)	Thom	as	Henry	HALL	DEAT	а н	ril 1	1 1962
¥	5.	SEX				. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	
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1	13.	FATHER'S NAME				14. MOTHER'S MAIDEN		D. 0.	, OL	
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1		WAS DECEASED I	EVER IN U.S. ARMED FOR		CIAL SECURITY NO. 17.	INFORMANT		Addres	s	
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	Н	76	DUE TO	A.	1 - 10.777	14/2		, 5		,
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	CATION									YES NO
	TIFIC	20e. ACCIDENT	WAS UNDERLYING	20b. DESCR	BE HOW INJURY OCCURE), (Enter neture of injury in	n Pert I or Per	rt II of item 18.)		
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		22e. SIGNATUR	ased all ve Oil	0	7, and ma	deall occurred and		0111 1110 000300	ond on me	22b. DAT
			0	10	2	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	11	April 19
,		22c. PHYSICIAN		10	18 MM 1151	22d. ADDRESS			-	Why was no
		NAME (Typ	D.I. STEI	N. LT	MC USN	U.S.	Naval	Hospital	Bethesd	a, Md.
	234	BURIAL, CREMA	TION, 236. DATE THE		23c. NAME OF CEMETERY	OR CREMATORY	23d. 1C	CATION (City, to	own or county)	(State)
		REMOVAL (Special	April 1	6.1962	Arlington N	ational	A	rlington		Virginia
	24	FUNERAL DIRECT	1100 -	minal	Homes			ISTRAR 25b. RI		
-	T	COSTELL	O FUNERAL H	OME 17	22 N. Capito	C+ LITY DATE	APR 1 6	'62	7	
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MARYLAND STATE DEPARTMENT OF HEALTH

MILLE M. HOLL

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TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed death.

\$ \int \text{certificate}\$ death.

\$ \int \text{TO FUNDAL DIRECTOR:}\$ After this certificate has been signed by the attending physician and completed or signed by the attending physician and completed or certificate has been signed by the attending physician and completed or detached for use as the burial-transit permit. Then please remove carbon paper of the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decessed lived, If	institution: Residence	e before admission
Montgomery	MARYLAND	o. STATE Mary	and b. COUN	Mont gom	erv
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		outside corporete limits, write		
write RURAL end give neerest town)		15			
Kensington	11 months	20 Silver S	pring		Is Desibline
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS			ON A FARM
Kensington Gardens Nursin	g Home	8716 Col	esville Road		YES NO
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey	Yeer
(Type or print) Edward	Norman	Hamilton	DEATH April	3	19 62
. SEX 6. COLOR OR RACE 7. MARRIE	THE NEVER MARRIED 18	DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
male white widows		Feb. 6. 188	80 lest birthdey)	Months Deys	Hours Min.
Oa. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR		ty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTR
done during most of working life, even if retired)	not must i an	Dannersla	tomi o	77	e A
Retired carpenter Co	nstruction	Pennsyl		0.	S.A.
J. TAILLE J TAME		Euphemia			
William Hamilton		*			
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Yes, no, or unknown) (Ifyesgivewerordetesofservice)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	S	ilver
No None 5	78-10-9963 Am	V V. Hamilton	8716 Colesvi	11e Rd. S	bring. M
18. CAUSE OF DEATH [Enter only one ceuse per		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	^		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	0.0		5'1-	ON	SET AND DEATH
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O J DIETO	10	//			
DUE TO	//	h W	0	-	
0.00	Cor	pulm	male	- 3	yea
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Conditions, if any, which gave rise to immediate cause (e), steting the underlying cause last. (b) DUE TO	Cor Empo	pulces lysen	anale va Pulso value diseast condition GIV	conary of	o yea
Conditions, if any, which geve rise to immediate cause (e), steting the underlying cause last. (b) DUE TO	Cor Empo	pulces lyses	male pulse And Disease CONDITION GIV		O YOU P. WAS AUTOPS' PERFORMED?
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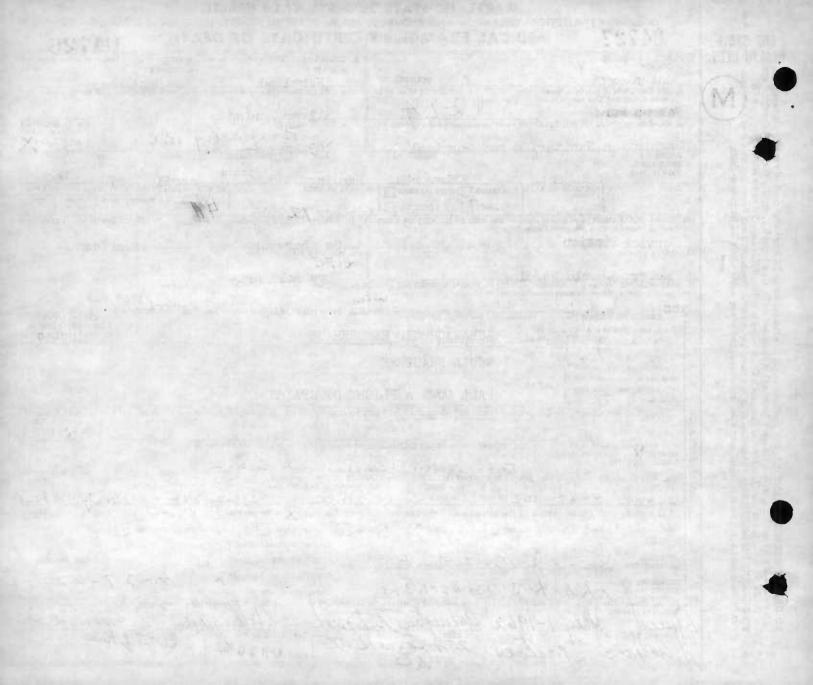
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY files. a. STATE b. COUNTY Montgomery MARYLAND Maryland Maryland Montgomery

c. CITY OR TOWN (If outside corporate limits, write RURAL and give recerst town) b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 director. your write RURAL and give nearest town) Takoma Park Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straal addrass) Boar o e. IS RESIDENCE ON A FARM? Washington Sanitarium and YES NO X 3. NAME OF Month Day Year DECEASED OF the (Type or print) DEATH Robert Ellsworth Harding 9. AGE In years with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. may 2 wit 5 may d 2 wi hours last birthday) and Months Deys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? Page an 72 Pages 1, done during most of working life, even if retirad) Service Station Gaithersburg within Give Pag American 13. FATHER'S NAME 17. INFORMANT Bell Gray Robert Donald Harding form 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. I Address (Yes, no, or unkown) | (Ifyesglvawerordatesofservice) 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] Elza G. Harding INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and SUBARACHNOTD HEMORRHAGE pencil IMMEDIATE CAUSE (a) minutes Office DUE TO burial removal, SKULL FRACTURE Conditions, if eny, which geve rise to immadiate ceusa ro. "pending DUE TO 938 (a), steting the underlying Examiner FALL DOWN A FLIGHT OF STATES nsed On, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION Pe cremati PERFORMED? Medical WOR NO 1 plnods 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) the C. Page 3 s. burial, c writing dam slave a CAL 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) WEDI Not While prior 19 62 at work at work DIRECTOR: 21. I certify that I look charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner forwal CHIEF MEDICAL EXAMINER designated ACTUAL FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 13hoseh2ht NAME (Type) Address (Street, city, town, or county) 228 BURIAL, CREMATION, 22c NAME OF GEMETERY OR CREMATORY 224 LOCATION (Fity, town or country) (State) EMOVAL (Specify) 240 p 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S CHANGE VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND om OR TOWN (If outside corporate limits, write RURAL and give rest town) write RURAL and give nearest town) a. IS RESIDENCE not in hospital, give street address) 4. DATE Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | 5. SEX DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) TINT 13. FATHER'S, NAME 14. MOTHER'S MAIDEN NAM 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give war or dates of service) Armu CAUSE OF DEATH [Enter only one cause per line for (a), () and (c).] Buo ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying as used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion 0 death resulted from: Natural causes Accident Suicide Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER slease execute inc. 4 should be forward. PUNERAL DIT DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) URIAL, GREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (State) 240 p 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE APR arthur & King 5M 9/60

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) COUNTY b. COUNTY MARYLAND outside corporata li c. LENGTH OF STAY IN 16 c. CITY OR/TOWN (If outside corporata limits, write RURAL end/give neerest town) write RURAL and give negrest town) NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET . IS RESIDENCE ON A FARM? YES NO NAME OF DAT Month Van DECEASED OR (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. (ast birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page done during most of working life, even if retired) 13. FATHER NAME 14. MOTHER'S MAIDEN NAME Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (Ifyesgive war or detayor servica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY de IMMEDIATE CAUSE (a) oronary reclasin Office DUE TO Conditions, if eny, which (b) gave rise to Immadiata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? ld be NO K 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. bur MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 0 (State) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K Inquiry K and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CHIMATORY 22d. LOCATION (City, lower) or country) (State) 400 0 To. REC'D BY REGISTRAR | 76. REGISTRAR'S SIGNATURE VS. AISME arthur & Kraus 5M 9/60

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1/12	MARYLAND STATE DEPARTMENT OF HEALTH
M IX	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04729
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
ay is neces. It director. Page for your files. oard of Health,	6. STATE B. COUNTY
子二二十二十八八十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	b. CITY OR TOWN (If bulside corporate Limits, write RURAL and give percest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ouside corporate limits, write RURAL and give percest town)
od of od	
lay is necessary for your Board of I	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS l. S. RESIDENCE
9	Washington Sanitarium & Hosp, 1806 MERRIMARE DRIVE YES NO EL
any etair Stat death	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
If a the the the sr d	(Type or print) MR. Guy GLEN HENDERShot DEATH 4 3 1962
aft bath	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
and 3 may 2 with	WIDOWED DIVORCED 10-14-16 Lest birthdey) Months Deys Hours Min.
rs after des \$1,2, and \(\) age 5 may 1 and 2 wi 72 hours	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized), 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
24 hours of pages within	13. FATHER'S MAIDEN NAME
	William Hendershot Mary Brady
	S. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewarordelasofservice)
ted will tem 18. with for permit.	UES Patients Chapt
in a very	DIS. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I DEATH WAS CAUSED BY.
e exe ncil in alon frans and	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
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should to a should	Conditions, if any, which (b) bullet would in Skull (rt)
	geve rise to immediate cause (e), stating the underlying DUE TO
rtificate "pendi xamine used a ion, or	cause lest, (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
word word dical E	YES NO Z
R: I he y hou hou	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
NE ng lef / 3 s	I II II A MAINT A TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR
Child Child age to b	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour arm) (County) (Steta)
the the	S: ~ p.m. 7 - 2 1962 of work of from Money Laurey ley 1 R. J. Mil
Fire Pr	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection and in my opinion
Cert rdec EC	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
MED; te the forwar L DIR	ACTUAL A C CHIEF MEDICAL EXAMINER [
AL Nate	SIGNATURE JAMES OF I SAUST MILLI M.D. ASSISIANI MEDICAL EXAMINER DATE SIGNED
PP	EXAMINER'S FRANK J. BRUSCHALL Address (Street, city, lown, or county) 4-3-62
M % o D %	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 4 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	REMOVAL (Specify)
HH	burial 4/6/62 Ft. Lincoln Cemetery Prince George's County, Md.
VS. A15ME SM 9/60	Med. H. Nenle Co. Was G. 9, D. C. DATE APR 6 162 arilun S. Traus
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesad livad, If institution: Residence before edmission) a. COUNTY b. COUNTY New York Montgomery Onondaga MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give naarast town) write RURAL end give nearest town) Bethesda 45 days Syracuse d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. hOh Westmoreland Avenue YES NO X 3. NAME OF 4. DATE DECEASED OF (Type or print) (None) DEATH Nellie 19 62 Herzog April 6. COLOR OR RACE | 7. MARRIED K NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Female White 56 WIDOWED [DIVORCE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired U.S.A. Housewife None Lithuania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hillel Rutstein Sarah Gesner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yas, no, or unkown) | (If yes give war or datas of sarvica) The Clinical Center. Bethesda lh. Maryland No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Mitral Stenosis Years IMMEDIATE CAUSE (a) DUE TO Rheumatic Heart Disease Years Conditions, if any, which gava rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? YES DO NO F 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Month, Dey, Year factory, streat, office bldg., etc.) Whila Not While Hour e.m. at work et work 21. I certify that (i) (this hospital) attended the deceased from February 20, 19 62 to April 6, 1962, that (I) (we) last 19.62, and that death occured at 6:50 PMom the causes and on the date stated above. saw the deceased alive on April 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. K DIRECTOR 22c. PHYSICIAN'S The Prinical Center, National Institutes NAME (Type) Dean Mason. M.D. of Health, Bethesda 14, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stata) Burial-trans Anashe Sfard Cemetery Syracuse. New York 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE

Bethesda, Md.

DATE 1 3 '62

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ROBERT A. PUMPHREY

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Burlal-transit 4-9-52 Anashe Stard Commisty Symacuse, Mc Yerk ROBERT A. PUMPHREY Berbesch, Md. Miller

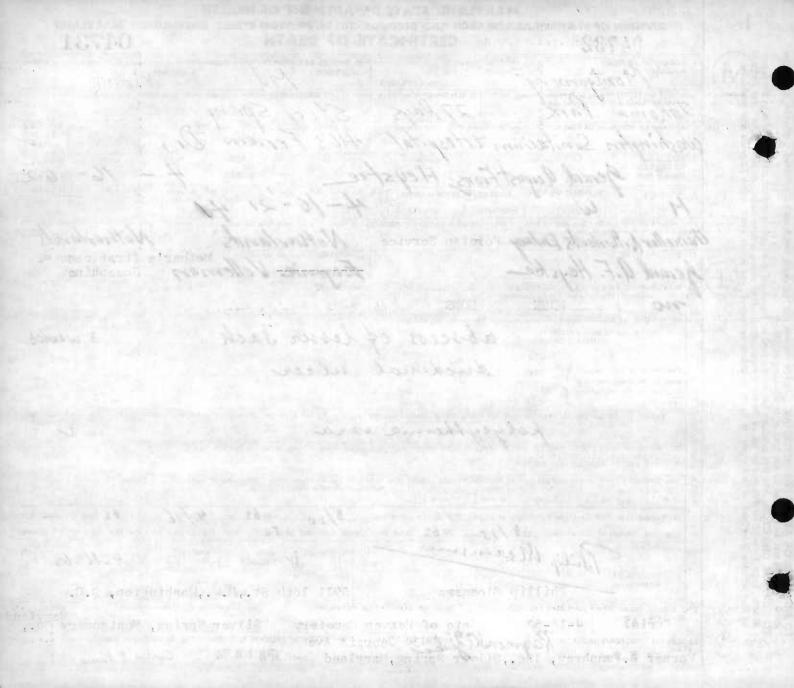
01722 led in by the funeral rages 1 and 2-should The law requires that the death certificate be executed within 24 ho and in any event, within 72 hours after deaf director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho may be deed by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and complete DING PHYSICIAN: OR AT TO FUNERAL TO HOS? death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01721

U4 () A		01 247711	O.	TOT
1. PLACE OF DEATH a. COUNTY / Contents		USUAL RESIDENCE (Where dece	ased lived, If institution: Re b. COUNTY	sidence before edmission)
b. CITY OR TOWN (if paraide exprorate limits, with RURAL and give payest lower	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	te limits, write RURAL and	give neerest town)
Takoma Park	27 days	Silver Sprin	35	
ashington Sanitarium V	al, give street eddress) (105/11/al) 4	d. STREET ADDRESS -103 Ferrara	Dr., 1	on a farm? YES \(\sqrt{N}\) NO
NAME OF DECEASED (Type or print) Gerard acquest Fra.	ns Heystee	Last 4. DATE OF DEATH	Month _	Doy Yeer 16-1962
M WIDOWED	HEVER MARKIED		AGE (In years IF UNDER 1 Y Months Day	
one during most of working life, Even it relized) Enceller Netherlands Embasy Fore		Notherlands	Net	nerlands
herard a.F. Hoystee	14.	mother's maiden name Voller	Mother's fir	st name = ephine
(es, no, or unkown) (Hyesgivewarordetesofservice)	NONE W, S.	H, records.	Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which	bscess of s	lesser sack		INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS
gave rise to immediate cause (e), stating the underlying cause last. DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	17	ATED TO THE TERMINAL DISEASE CO	DIDITION GIVEN IN PART 1	PERFORMED?
208. ACCIDENT WAS UNDERLYING 208. DESCR OR CONTRIBUTING 208. DESCR (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURED. (Ente	er nature of injury in Pert I or Part II o	f item 18.)	
20c. TIME OF INJURY Month, Day, Yeer 20d. IN. While al work	Not While factory, st	F INJURY (Home, farm, 1 20f. (City o reet, office bldg., etc.)	r town) (Count	y) (Slete)
21. I certify that (I) (this hospital) attende saw the deceased alive on	19 67 and that dea			
220. SIGNATURE Philip Woen	M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. 4	22b. DATE SIGNI
22c. PHYSICIAN'S NAME (Type) Phillip Bloe		22d. ADDRESS 5911 16th St., N.W	.,Washington	D.C.
REMOVAL (Specify) BUILIAI 4-18-62	23c. NAME OF CEMETERY OR C		Spring, Mon	(Stete) Maryl gomery Co.
FUNERAL DIRECTOR'S SIGNATURE Faymond		a Ave 25a. REC'D BY REGISTR.	AR 256. REGISTRAR'S SI	GNATURE



O HOSPITAL OR ATT SING PHYSICIAN: The law requires that the death certificate be executed within 24 ho there death. Plan and be a secured within 24 hospital death. Plan and secured by the hospital or attending physician.

O FUNELAL DIRECTOR: After this certificate has been signed by the attending physician and complete death of the integral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ALT
death. P. 4 may be r.
TO FUNERAL DIRECTOR:

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
04732

1. PLACE OF DEATH •. COUNTY Mentgemery MARYLAND	e. STATE Maryland b. COUNTY Monts,
b. CITY OR TOWN (if outside corporate limits, write RURAL and CYNE POSTOURS LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) SilverSpring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Rest Haven. Rest Nome	d. STREET ADDRESS 1 10102 Pierce Drive on a FAMA? YES NO
3. NAME OF First Middle Agnes (Type or print) Nattie Agnes	Mipsley 4. DATE Month 10 th 1962
	3. DATE OF BIRTH OCT 5th 1876 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Boys Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nouse Wife Nome Work	Gaithersburg. Md, USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rufus Phoebus	Mary P. English
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Arthur R. Mipsley. SilverSpring. Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEAT	allure onset and DEATH otic Heart disease'
ceuse lest. (c) Senility	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ICA	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	t death occured at
220. SIGNATURE Leal N	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Type) Lucyalno 1. Leal	Gaithers bury M2
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 4-14-62 Forest Oal	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ernest C. Gartner. Gaithersburg.	Md. DATE APR 1 6 '62 worms & Thous

04:33:55 . 12 -47 AND THE PARTY OF T U. D. T. SE STEA AND USD CHALLEMANN, NO. ALLENS E VEST . A. . Hady not 1922 a . Tolerale . I supulta THE MENT OF THE PARTY OF THE PA The second to the second of the second The second secon Landing to Local to and and Per Attaches Agents and Agents an

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY District of Columbia Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) and þ write RURAL and give neerest town) Bethesda 119 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda ll, Md. 1610 Varnum Place. N.E. YES NO 3. NAME OF 4. DATE DECEASED DEATH (Typa or print) Howard Tae Holmes 11 19 62 ă 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthdey) Months Hours Male Negro December 22, 1922 WIDOWED DIVORCED 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratired) Sales U.S.A. Store Manager Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please (First name unknown) Bell Hattie Coleman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, no, or unkown) | (If yes give wer or detes of service) oval, The Clinical Center, Bethesda 14. Maryland WWIII 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hydrocephalus 6 months IMMEDIATE CAUSE (a) DUE TO Brain Tumor 15 months Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the undarlying cause lest. the his PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? as o Pulmonary tuberculosis, Right lower lobe pneumonia YES NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 200, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stata) factory, street, office bldg., etc.) While Not While MEDI Hour a.m. at work at work 21. I certify that \$\mathbb{Z}\$ (this hospital) attended the deceased from December ...13, 1961, to April, 19.62 that \$\mathbb{Z}\$) (we) last 22b. DATE 220. SIGNATURE ATTENDING SIGNED PHYS. 22c. PHYSICIAN'S The Clinical Center. National Thomas R. Cate, M.D. Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 4-16-1962 OL 25a. REC'D BY REGISTRAR | 251 REGISTRAR'S SIGNATURE VR A15 (4) arthur & thous 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

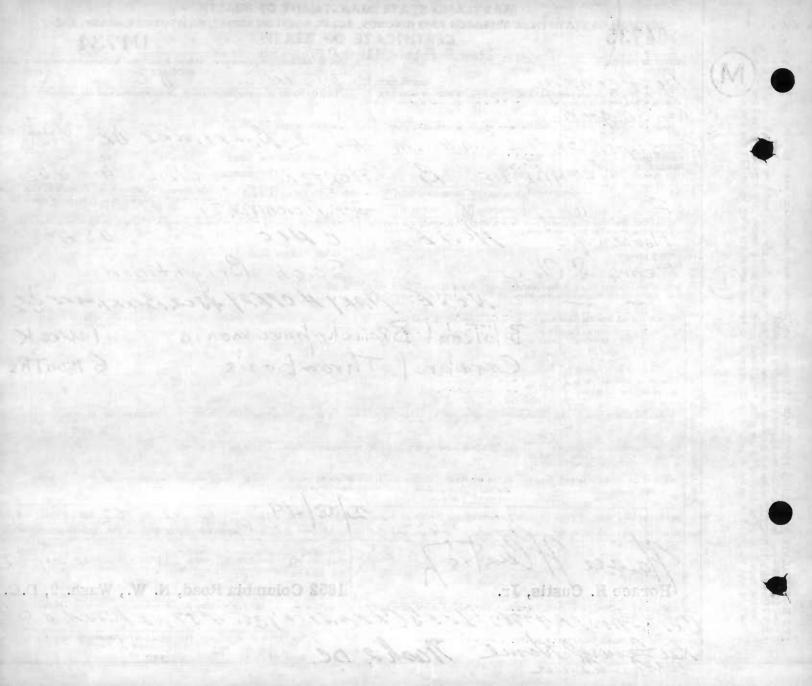
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Enterprise Principles Western & Mayor Care

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TOR Dept.	21. I certify that (I) (this hospital) attended the deceased from 2/28/	1919 to 4 1 (I) (we) last
R A be	saw the deceased alive on	ed at
IL DI the 3 s	Horace H Cliatis 6 M.D. ATTENDIN PHYS.	DIRECTOR PHYS. 4-4-6
r. page	Horac (Type) H. Custis, Jr.	Columbia Road, N. W., Wash. 9, D.O
death. O FUN director,	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1949	23d. LOCATION (City, town or county) (State)
OF AIS (4)	24 FUNDERAL DIRECTOR'S SIGNATURE ADDRESS A	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1SM 7/61	Keetguery Home Wash 2 DC.	DATE APR 6 162 Cittury 2. Trans
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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution Residence before admission) . COUNTY b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give n y is necess director. e. IS RESIDENCE d. NAME of in hospitel, give street address) ON A FARM? YES LNOW NAME OF 4. DATE DECEASED OF (Typa or print) DEATH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARKED 2 wit last birthday) Months | Days Hours WIDOWED DIVORCED thin 24 hours after. Give Pages 1, 2, orm PM3. Page 5 Elle pages 1 and 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF done during most of working life, (even if retired) Was to enter Univ of Maryland this term pages 13. FATHER'S NAME with form P permit, Eile n any event 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil in Item 18. er unkown) | (Ifyesgiva warordates of service) (Yes, ng 7-56-6404 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ing" in pencil in Its sr's Office along a ss a burial-transit removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac arythmia sudden IMMEDIATE CAUSE (a) DUE TO Ventricular fibrillation Conditions, if eny, which (b) geve rise to immediate cause 85 a "pending" Examiner's DUE TO (a), stating the underlying cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? writing the word NO Medical 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3 age 3 to buri MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) Month, Day, Yeer (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. to the OR: Pa et work at work prior please execute the certificate 4 should be forwarded to the FUNERAL DIRECTOR: or its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of country) 22a, BURIAL, CREMATION, (State) REMOVAL (Specify) St. John's Cemetery Forest Glen. Montgomery Co., Md. Ø40 9 5-4-62 Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Georgia Ave. VS. A15ME Commy S. Thous Silver Spring, Maryland DATE 5M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4737 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY Marya Maryland COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, pue c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) p write RURAL end give neerest town) Kensington vears _= Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 9912 Kensington Parkway 9912 Kensington Parkway 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 5. SEX years | IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE 7. MARRIED NEVER MARRIED and lest birthdey) Months 86 white WIDOWED DIVORCED Feb. 13. 1876 female physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housewife Own home Elgin. Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death _= Fanny Burney Ira L. Sherman Then F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Kensington, Md. the ioval, (Yes, no, or unkown) | (Ifyesgive war or detes of service) Marjorie Hull 9912 Kensington Parkway None None ig physician. 18. CAUSE OF DEATH [Enter only one ceuse per line (or (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO hospital 20e. ACCIDENT WAS UNDERLYING [] DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, '20f, (City or town) (County) fectory, street, office bldg., etc.) Hour a.m. While Not While jo at work at work o.m 21. I certify that (I) (this hoppital) attended the deceased from Clargue .19.62 and that death occurred & 1.18 P.M., from the causes and on the date stated above. saw the deceased alive on. 228 SIGNATORE ATTENDING 4-8-62 DIRECTOR M.D. PHYSICIAN'S ADDRESS VAME (Type) death.
TO FUN.
director,
be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)

Arlington National Cemetery Arlington, Virginia

Silver Spring Maryland DATE APR 11

. 8434Georgia 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

4-11-62

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is a burial-transit permi
removal, and in any or None records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN HOUTS DEATH PART I. DEATH WAS CAUSED BY: Acute coronary insufficiency IMMEDIATE CAUSE (e) DUE TO Severe generalized arteriosclerosis vears Conditions, if env. which geve risa to immediate cause DUE TO (a), stating the underlying 98 days Fractured left hip PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? e word NO F should 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) the Chief Me CAUSE OF DEATH. 2 de NJURY OCCURRED | 200. PLACE OF DJURY (Home, farm, ; 20f. (City or town) 3 20c. TIME OF INJURY Month, Day, Yeer (County) (Steta) factory, street, office bldg., etc.) to the et work et work 1962 blease execute the certificate, 4 should be forwarded to the FUNERAL DIRECTOR: Pris designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF (Steta) 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Rockville Montgomery Co. Maryland 0 g40 Parklawn Cemetery Burial ADDRES8434 Georgia Ave 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME Chilling S. Krous Warner E. Pumphrey, Inc. Silver Spring, Maryland DATE APR 3 5M 9/60

The second of the state of the second of the ROCKET I STORY TO ATT OF THE LEWIS westman that firm !! The Tall !! Market !! The state of the last of the state last Mortney H. Gurgilmey, Inc. Stayos Section, Saryland

PRESTON STREET, BALTIMORE 1, MARYLAND pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed fived, If institution, Residence before admission) a. COUNTY COUNTY 1110h +9 127 MARYLAND Ium Dia (0 b. CITY OR TOWN (if outside corporate limits. and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give naerast town in by writa RURAL and give nearest town) othesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? + HOSPIta YES NO 4. DATE complet DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED 8. DATE OF BIRTH %3 IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR last birthday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if retired) Pecoratif Interior renn US please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . has been signed by the attending e burial-transit permit. Then pleas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Wash.D.C. (Yas, no, or unkown) | (If yas giva war or dates of servica) Mrs.Anna May Hutsell. 3800 Conn. Ave. NW no attending physician. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). AND DEATH ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying cause lest. AS AUTOPS as PERFORME 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIPE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED I 20a. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stete) factory, streat, offica bldg., etc.) Whila Not Whila Hour a.m. Should be deta at work at work 21. | certify that (I) (this hospital) attended the deceased from...A.M, from the causes and on the date stated above saw the deceased alive on, .196.... and that death occured 22a. SIGNATURE 22b. DATE ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S TO he death. FUNEA NAME (Type) 23a. BURIAL. CREMATION 23b. DATE THEREOF (Stata) REMOVAL (Specify) 0:40 Cedar Hill Cem. Pr.Geo.Co., Maryland burial ADDRESS Wash.D.C. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) The S.H. Hines Co., 2901 14th St. N.W. 15M 7/61 DATE withing & their

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MARYLAND STATE DEPARTMENT OF HEALTH OPPUSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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write RURAL and give neerest town) Bethes de 30 days	/AD - 1			
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Clinical Center, Bethesda 14, Md.	220 North W	ashington Stree	t YES	NO X
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ype or print) Karen Patrice	Isreal	DEATH April	196	2
EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	4. 4	
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FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	U.D.A.	
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		nter, Bethesda	Las Irand	
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anding physician. been signed by the attending physician and completely rial-transit permit. Then please remove carbon papers. cremation, or removal, and in any event, within 72 hours are supported in the complete of the c	Temple Whowed Divorced Guy, 10 State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BISTHPLACE (Country & State, or foreign country) 12. CITIZ 13. JATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unknown) (If yes give were or detections or cause par line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions of the condition of	YES PNO Day Year 1962 EAR IF UNDER 24 HRS. BYS HOURS Min. EN OF WHAT COUNTRYS L. S. A. WILL MA INTERVAL BETWEEN ONSET AND DEATH
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A director, pe filed will 12 W 42 (4) 12 W 42 (4) 12 W 42 (4) 15 W	John G. Fawcett 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country) REMONAL (Specify) 4/7/62 Bethesla Methodist Drowningsor 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI William C: Hilton, Barrisulle, Md. DATE APR 9 862 CISHAN B.	elle Md GNATURE Kinna

DAY OF A LIPS HAR OT A BY THE John G. Fancett Hoyds - Mt. The surger will be a straight of the best of the state of the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY District of Columbia Montgomery MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (Rural Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U. S. Naval Hospital 3913 Morrison St. N.W. YES NO NAME OF 4. DATE Middle DECEASED 19 62 JENNINGS JR. April (Typa or print) Lewis Wise DEATH 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Hours WIDOWED DIVORCED 1881 Caucasian August 6, 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Naval Officer U. S. Navy Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then please Lewis Wise Jennings Sr. Nancy Lewis Goodloe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the (Yas, no, or unkown) | (If yes give wer or dates of service) 1905 - 1945 unk Mrs. Lucy B. Jennings Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) oscheratie heart desease DUE TO gava rise to immediate causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY SE 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Yaar (County) factory, street, office bldg., atc.) Whila Not While at work at work 21. I certify that & (this hospital) attended the deceased from April 22, 1962, to April 23, 1962, that M) (we) last ATTENDING April 23,62 DIRECTOR PHYS. FUNERAL 22d. ADDRESS EUSTERMAN, LT MC USN U. S. Naval Hospital, Bethesda, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 0.5.8 26 April 1962 Arlington, National Arlington, Virginia Bethesda. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61 Pumparey Funeral Home, 7557 Wisc. Ave., DATE arthur & Trace

RYLAND STATE DEPARTMENT OF HEALTH

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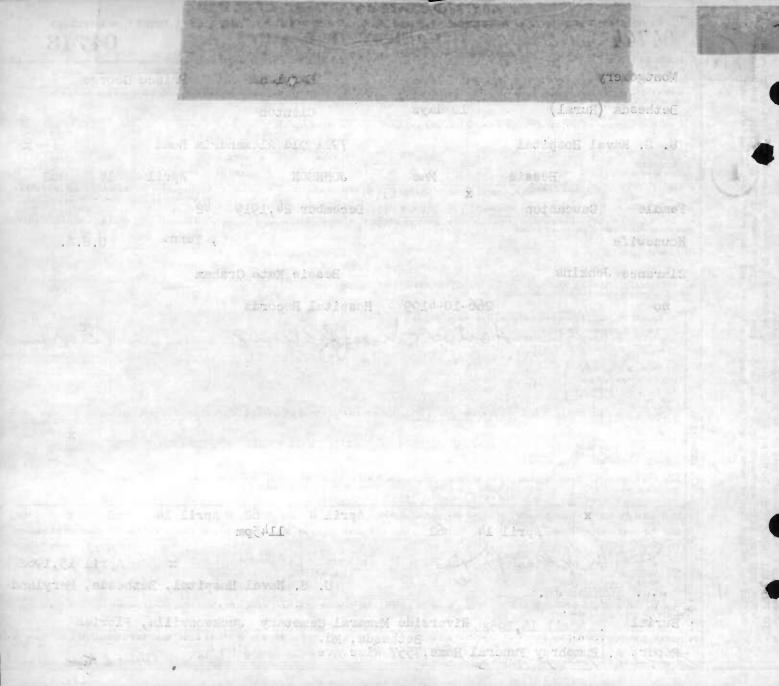
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fem 18 with fe permit.	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]
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ting the string of the string	GAUSE OF DEATH. FILL SOM SLOW STORM AT THE COUNTY STORM (County) Some Time Of INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homb, Term, 20f. (City or lown) (County) (State
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CTOR nnt, pri	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry, and in my opinideath resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
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REBAL DI designated	NAME (Type) FRANK J. ISTOS ChZLT Address (Street, city, town, or county)
Shoot shoot strong its	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete) REMOVAL (Specify)
5 g 4 5 g	Burial April 4, 1962 Ash Memorial Sandy Spring, Md.
VS. A15ME	23. FUNERAL DIRECTOR, ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	Mobert L. Anowden, Rockoulle, Md. DATE APR 6 '62 Cithur S. Khang

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE Where décessed lived, If institution: Residence before admission) PLACE OF DEATH Montgomery b_COUNTY Maryland Prince George MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 Bethesda (Rural) 10 days Clinton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 7911 Old Alexandria Road U. S. Naval Hospital 3. NAME OF Middle DECEASED OF DEATH 1962 (Type or print) 14 Ressie Mae JOHNSON April 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdey) Months DIVORCED Female. Caucasion WIDOWED December 24,1919 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Tenn. U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarance Jenkins Bessie Kate Graham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes give wer or detes of service) 266-10-4109 Hospital Records INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES Y NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) 20a. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) 20e, PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED I factory, street, office bldg., etc.] Not While While Hour a.m. at work at work 21. I certify that XI) (this hospital) attended the deceased from April 4......, 1962, to April 1962., that XI) (we) last saw the deceased ative on....April...14.........1962...., and that death occured at 114.50m on the causes and on the date stated above. ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS S. Naval Hospital, Bethesda, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Riverside Memoral Cemetary Jacksonville, Florida ADDRES Bethesda, Md. | 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE VR A15 (4) Exmeral Home, 7557 Wisc. Ave. DATE 15M 7/61 APR-1 7 '62 Orthur & Kenys

RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04745 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY b. COUNTY a. STATE MARYLAND limits write RURAL end give neares town) CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 outside corporate limits, 3 wks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? View Nursing Home Pleasant YES NO X Day 3. NAME OF Middle 4. DATE Month Year 72 DECEASED OF DEATH (Type or print) 19 Within AGE (h years | IF UNDER 1 YEAR IF UNDER 24 HRS. OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 8. 1890 WIDOWED TO DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, foreign country) done during most of working life, even if retired) MOTHER'S MAIDIN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 mos IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying certificate har use as the farior to burie cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T YES 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH MEDICAL (County) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work at work p.m. 21. | certify that (1) (this hospital) attended the deceased from ... [saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. TO HOSPITAL
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be file. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 4/26/62 23c. NAME OF CEMETERY OR CREMATORY Asbury. Germantown, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAL Rockville, Md. VR A15 (4) arthur & Kraus 15M 7/61 DATE

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY in by the Montgomery MARYLAND OMICR b. CITY OR TOWN (if outside comporate limits, and c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) AKOMA rilled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF papers. 4. DATE complex DECEASED OF 1962 (Type or print) DEATH 24 and cor with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGP (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED physician USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Studen 13. FATHER'S NAME attending 16. SOCIAL SECURITY NO. 17. INFORMAN a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yas giva war or datas of sarvica has been signed by the burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). attending physician. INTÉRVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immediate causa DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Homa, farm, ! 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (Stata) (County) factory, streat, office bldg., atc.) Whila Not Whila Hour a.m. at work OR: p.m. (this hospital) attended the deceased from... saw the deceased alive on. ATTENDING 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR FUNERAL M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d, LOCATION (City, town or county (Stata) CREMATION, | 23b. 0.5 24 FUNERAL DIRECTOR'S 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY 12 A Montgomerv MARYLAND Marvland Montgomery and deat b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) P write RURAL end give neerest town) .⊆ Takoma Park Hillendale D. O. A. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X Washington Sanitarium Oakview Drive 3. NAME OF 4. DATE Year Middle Month DECEASED OF SIMON KATZ (Type or print) DEATH April 1962 6. pou 9. AGE (In years | IF UNDER 1 YEAR | 5. SEX 6. COLOR OR RACE 7. MARRIED KANEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Hours Male White 8, 1918 September WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Supply Manager Dept. of the Army New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ please attending pue LOUIS KATZ BERTHA FISHMAN Deceased requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Yes S. Barbara Katz 104-01-5012 Oakview Drive INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediata causa DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Dey, Year 2Df. (City or town) fectory, street, office bldg., etc.) While Not While Hour am. at work et work OR: 5. 19.52, and that death occurred at My from the causes and on the date stated above saw the deceased alive on Apri 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. X PHYS. 22d. ADDRESS 22c. PHYSICIAN'S RABKIN. M.D. University Blvd., East. Sil 23d. LOCATION (City, town or county) 23a. BURIAL CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0:53 REMOVAL (Specify) Hyattsville. Md. 1962 Buria Geo. Washington Cemetery 23a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SUGNATURE VR A15 (4) arthur & Kraus 15M 7/61

death

RYLAND STATE DEPARTMENT OF HEALTH

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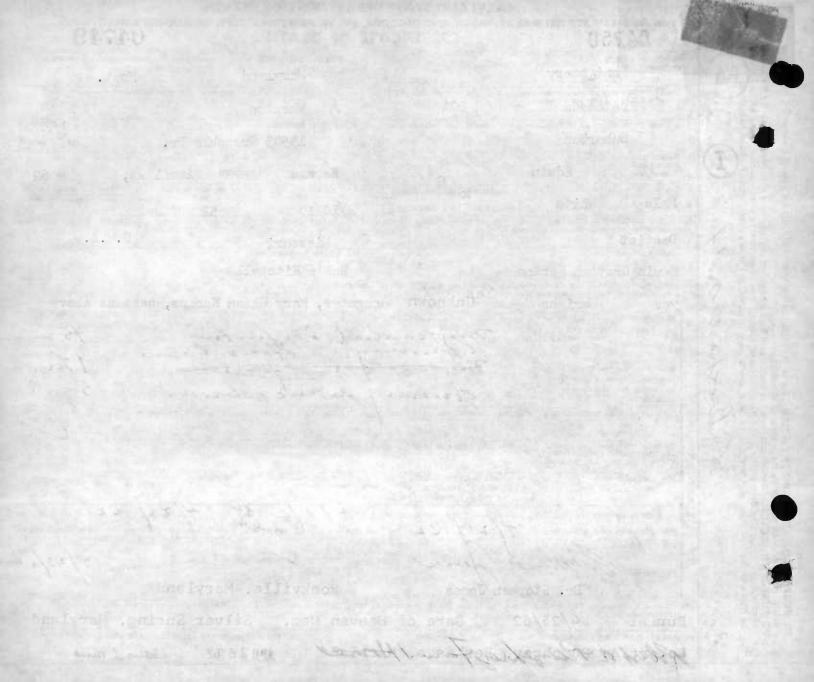
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY 12 t Montgomery MARYLAND Marvland Montgomerv and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 by write RURAL and give neerest town) Bethesda ha days Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. YES NO 6918 Decatur Place completely executed 3. NAME OF Month DECEASED OF 18 (Type or print) DEATH April 1962 Timothy John Kearnev 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In yeers) IF UNDER 1 YEAR Lest birthdey) and Months Male White July 10, 1904 WIDOWED [DIYORCED physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & Spite or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Not known Idaho U.S.A. Tool Setter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .5 Timothy John Kearney, Sr. Arvilla Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record (Yes, no, or unkown) | (If yas give wer or detes of service) 1925 - 1932 physician. 044-01-0638 The Olinical Center, Bethesda 14, 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Hypotension day burial-transit DUE TO attending (b) Metastatic adenocarcinoma of the kidney 13 months geve rise to immediate ceusa DUE TO (e), steting the underlying may be fined by the hospital or att DIRECTOR: After this certificate has 3 should be detached for use as the bu Azotemia, hypercalcemia, hypercalciuria month PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? S 0 YES THE NO . 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work 22b. DATE 22a, SIGNATURE MED. STAFF DIRECTOR PHYS. 13 April 18, 1962 SIGNED ATTENDING PHYS. M.D. The Clinical Center, National 22c. PHYSICIAN'S FUNERA Richard S. Rivlin, M.D. NAME (Type) Institutes of Health, Bethesda 14, Md. 23c, NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) OH REC'D BY REGISTRAR 256. REGISTRAR'S AIGHATURE FUNERAL DIRECTOR'S SIGNATUR 25e. VR A15 (4) APR 2 4 '62 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYL MEDICAL EXAMINER'S HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limit c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) c. LENGTH OF STAY IN 16 write RURAL and give pearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) & d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 4. DATE 3. NAME OF Middle Month Year DECEASED OF (Type or print) DEATH 19 with 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In Vaers IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED may 2 wit last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) pages 1 P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eyser 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no. or unkown) | (If yas giva war or datas of service in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN " in pencil in It Office along burial-transit proval, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa B word "pending dical Examiner's DUE TO (a), stating the undarlying cause last. (c) lon, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be rial, crematic NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enternature of injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. of the Chies Year | 20d. INJURY OF CURRED | 20a. PLACE OF INJURY (Home, farm, factory, steal, office bldg., atc y and in driveny 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year (County) (Stata) factory, stypat, offica bldg., atc. Not While at work at work 196 2 prior CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy V. Inspection and in my opinion forwarded t death resulted from: Natural causes Accident V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DII DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Typa) Addrass (Straat, city, town, or county) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) 0 40 6 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 162 VS. A15ME SM 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH . COUNTY Montgomery b. COUNTY Maryland Mont. MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) DOA Wheaton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE papers. vag n 72 hours ON A FARM? Suburhan 13503 Grenoble Dr. YES NO P mpletely executed NAME OF First Middle Month DECEASED OF Edwin (Type or print) Kerans DEATH April 23. 19 62 and cor carbon nt, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthdey) certificate be Months Hours Male Whi te WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retirad) U.S.A. Dentist Missouri 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME The law requires that the death ding Edwin Grattan Kerans Belle Kitchell 7 aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address (Yes, no, or unkown) | (If yes giva wer or dates of service) daughter, Mary Ellen Merans, same as above Marines attending physician. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY: ö IMMEDIATE CAUSE (e. cremation, burial-transit DUNTO Conditions, if enve which gave rise to immediate cause DUE TO (e), steting the underlying burial, the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING [for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health detached After U (State) 2Dc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, streat, office bldg., etc.) MEDI Hour a.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from..... ...196. Land that death occured and from the causes and on the date stated above. 23 saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR M.D. page 22c. PHYSICIANS 22d. ADDRESS NAME (Type) death. Pa Rockville, Maryland Stephen filed v (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. REMOVAL (Specify) 62 Gate of Heaven Cem. Silver Spring, Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. GMY OR TOWM (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Takoma Park after A. NAME OF HOSPITAL OR INSTITUTION (if hal in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 8206 Roanoke YES NO . Avenue papers. n 72 ho 3. NAME OF First 4. DATE Day Middle Month Yeer DECEASED OF (Type of print) DEATH 19 within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX. 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours Min. Days event, WIDOWED [DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e) p(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a burial-transit **DUE TO** Conditions, if any, which (b) gave rise to immediate cause certificate has by the use as the burn prior to burial, DUE TO (e), steting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Whila Not While Hour a.m. at work et work p.m 21. I certify that (I) (this hospital) attended the deceased from. , and that death occured at n.m.M. from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING & IGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) Diamond ector, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURI CREMATION, 236. DATE THEREO! TION REMO 0 5 8 25a. REC'D 25b VR A15 (4) 15M 7/61

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death certificate physician

The law requires that the

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MARYLAND STATE DEPARTMENT OF HEALTH

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TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidence before admission) a. COUNTY b. COUNTY ontgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAF and give near town) CITY OR TOWN (if outside corporate limits. pue c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) Ξ. LUCK Koma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Georgia Ave. 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH carbon AGE In years | IF UNDER 1 YEAR B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) physician 10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) Orenting C 13. FATHER'S NAME HER'S MAIDEN NAME please 2 the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyesgive warordatesofservice) 579-38-8731 Then Georgia Address / Avenue Ora M. Kerr, 10,800 Genogie Silver Spring, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). physician. signed by I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO aftending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING [20b ESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After 1 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Whila Not While et work et work DIRECTOR: 1962 to... .1962, and that death occured 6:02M, from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23e. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) 4-26-62 National Memorial Park, Inc Falls Church Fairfax Co., Va. 5 Purial ADDRESS Georgia Ave. 2Sa, REC'D BY REGISTRAR 2Sb, REGISTRAR'S SIGNATURE VR A15 (4)

Spring Maryland

15M 9/60

STATE DEPARTMENT OF HEALTH

IS RESIDENCE

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO L

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

24

(County)

Cirthur & House

Months

YES NO

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FOR STATE HEALTH DEPT the 5 may be 1 and 2 with th pue Give Pages 1, 2, orm PM3. Page pages with along " in pencil i should t "pending" xaminer's C used as a b word "pen-Medical Exam... Chief A please execute the certificate, visually be forwarded to the proversed. DIRECTOR: prist designated agent, prior r its designated agent, prior prior 240 g VS. A15ME 5M 7/59

MEDICAL

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution; Rasidence before admission) e. COUNTY b. COUNTY Montgomery Marvland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) Bethesda Bethesda e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 6701 Wilson Lane Wilson Lane YES NO TO 4. DATE 3. NAME OF Middle Last Month DECEASED April KIBBEY 12. 62 (Type or print) DEATH EDWARD 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX lest birthdey) 13,1892 Male WIDOWED DIVORCED Apr. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Real Estate Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Feftwich Thomas E. Kibbey SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive war or dates of service) Same as Item 2. Dorothy C.Kibbey INTERVAL BETWEEN ONSET AND DEATH Sudden 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Coronary Insufficiency Weeks geve rise to immadiata ceuse DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH.

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yaer

Accident

Not While Hour e.m. While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | X

factory, street, office bldg., etc.)

Homicide

Inquiry X and in my opinion Undetermined manner

April

(County)

ACTUAL SIGNATURE

Natural causes X

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

DATE SIGNED 12, 1962

(State)

(Stata)

FRANK J. BROSCHART NAME (Type)

death resulted from:

EXAMINER'S

23. FUNERAL DIRECTOR

22c. NAME OF CEMETERY OR CREMATORY

Suicide

Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country)

228. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Arlington, Virginia Arlington Cemetery Burial

ADDRESS

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Bethesda, Maryland Robert A. Pumphrey.

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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04753
HEALTH DEPT	. 1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission)
age	1	a. COUNTY MARYLAND o. STATE b. COUNTY man te
r. Page files. Health,		b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits write RIBAL and give hearest town)
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ed em vith erm	_	Yes WWII 578-22-3117 Mrs. Caroline S. Kiefer 3225 Medway St, S.S., Md.
in It		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: (b) ONSET AND DEATH
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he vedi	E E	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)
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D to D Pri		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
ent,		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
te the certification of the ce		CHIEF MEDICAL EXAMINER
PUT A execute the formuld be formula be formula be formula be formula be formula beignafed		SIGNATURE Frank J. Brownhart M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
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NE des		NAME (Type) RANK J. 13to 3ch 2th Address (Street, city, lown, or county)
DEPUTATION OF STREET IN THE POST OF THE PO	22	ta. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
0 g 4 0 g		Burial 4-18-62 Arlington National Cemetery Arlington, Virginia
VS. A15ME		3. FUNERAL DIRECTOR Raymond (1. Zentes ADDRESS 8434 Georgia Ave 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60		Warner E. Pumphrey, Inc. Silver Spring, Md. DATE APR 18'62 Cuthun & House

MARYLAND STATE DEPARTMENT OF HEALTH

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HOSPITE OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 hy after		KAL	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Vages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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VR A15 (4)

15M 9/60

DIVISION O	OF STATISTICAL RESE	YLAND STATE DE ARCH AND RECORDS, CERTIFICATE	301 W. PREST	ON STREET, BALTIMORE	1. MARYLAND
PLACE OF DEATH a. COUNTY Montgomery		MARYLAND		NCE (Where deceased lived, If Institu	tion, Residence before admission
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	al or INSTITUTION (if not in h		d. STREET ADDRES	lor Street	a. IS RESIDENCE ON A FARM? YES NO X
NAME OF DECEASED (Typa or print)	First James	Middle Allen Ki	Last	4. DATE Month OF DEATH April 6	Day Yaar 19 62
. sex Male	6. COLOR OR RACE 7. MARE WIDOV	THE ALK MAKEL	28 August 1	9. AGE (In years IF Ut last birthday) Mor	
De. USUAL OCCUPATION done during most of working Mail carri	rking lifa, aven if ratired)	KIND OF BUSINESS OR INDUSTRY 5. Post Office		ict of Columbia	2. CITIZEN OF WHAT COUNTR $U.S.A.$
Raymond W.	King		14. MOTHER'S MAIDE Margaret	V. Cocker	
	And All An Mai Ol Gales Olse LAICE			Medical Record, Center, Bethesda 1	Ll, Maryland
	EATH [Enter only one ceuse per Hemo	r line for (a), (b), and (c).] rrage from recur	rrent carci	noma of larynx	interval between onset and death days
Conditions, if any	(0)	dermoid carcine	oma of the	larynx	2½ years
gava risa to immadia (a), stating tha ur	DIJE TO				

(e), stating the underlying Course last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Itam 18.)

OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, hour a.m. p.m. 19 Whila at work 21. 1 certify that (1) (this hospital) attended the deceased from April 3, 19.62, to April 6 ..., 19.62, that (4) (we)

saw the deceased alive on April 6 19 62, and that death occured 12:15PM rom the causes and on the date stated above.

22a. SIGNATURE

ATTENDING MED. STAFF 22b. DATE
SIGNATURE

22c. PHYSICIAN'S NAME (Type) Dalacet H. Hilleins M. D.

ATTENDING MED. DIRECTOR PHYS. A 4-6-62

22d. ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md.

(Stata)

Robert H. Wilkins, M.D. Institutes of Health, Bethesda 14,

23a. BURIAL, CREMATION, Parklawn Cemetery of CREMATORY
REMOVAL (Spacify)
Burial 4/10/62 Parklawn Cemetery

Rockville, Maryland

Robert A. Pumphrey, Bethesda, Maryland DATE APR 1 3 '62 Outland & Kraus

Louis Name Comp. Carp. C. The Glangest Scatter, Scattered Mr. Nd. - Spinetter Street and the state of t Tree seems 32 TORSON . TORNING made . w maconsar Carry Carry July Control Control Control Services of Control C The same of the sa and white Hills S ... Tentitud . wilking of tentitopier of health, sethica it. Fe.

Robert A. Fumphrey, Betheads, Maryland

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission 1. PLACE OF DEATH e. COUNTY b. COUNTY by the and 2 MARYLAND Maryland Montgomerv Montgom e rv b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) executed within 24 Bethesda days Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Suburban Hospital Wheatley completely 3. NAME OF Last DATE Day Middle Month DECEASED OF DEATH (Type or print) Verna and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER TYEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) WIDOWED DIVORCED Female. 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Housewife U.S.A 13. FATHER'S NAME law requires that the death r attending physician.
has been signed by the attending pleand Mary Jane Charles Montgomerv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? CIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geva rise to immadiete ceuse DUE TO (a), steting the underlying the PHYSICIAN: the hospital or NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO A 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Atem 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER ed by After (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from MARCH 1953 to APRIL 16 196 4 that (1) (100) last ...19.6.2, and that death occured a 30M, from the causes and on the date stated above. saw the deceased alive on. !! 22b. DATE 22a. SIGNAPORE SIGNED ATTENDING PHYS. DIRECTOR M.D. death. Page 1 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Robert G. Angle DelRay Avenue. Bethesda. Maryland director, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) OL 62 Parklawn Cemeterv Rockville, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland 15M 9/60 9 '62

TO THE RESERVE OF THE PARTY OF 21211 THE PARTY OF THE STATE OF

1			MARYLAND STATE DEPARTMENT OF HEALTH
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5 7
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etely sers. 2 h			NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED
mpl pag	1		(Type or print) Rene S. KIRKWOOD DEATH 4 28 1962
D CO CO		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min.
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he he his color for he pi		CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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CCT			saw the deceased alive on 2.1 Cup. 1967, and that death occurred at M, from the causes and on the date stated above.
Star			226. SIGNATURE ATTENDING MED. STAFF SIGNED
DEDE SE			Lecture Martyn M.D. PHYS. DIRECTOR PHYS. A drape by
age Page with	1	13	22c. PHYSICIAN'S NAME (Type) 1-1 5 2 12 5 05 May Type 12 47 48 Chemy Chinas Da
HOSPI, Path. Page FUNERA ector, pag filed with		22.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town) county)
9 2 5		238	REMOVAL (Specify)
VR A15 (4)		24	Burial 4-39-1962 Glenwood Cemetery Washington, D. C. FUNERAL DIRECTORYS SIGNATURE ADDRESS OF THE PROPERTY OF
15M 9/60	1		Coash Education ms org 57568 a Cur Med War No DATE MAY 2 '62 and S. Finns
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Montgomery files. Health, Page Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Bethesda. Md. Bethesda. Maryland 6 mos. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5602 Pollard Rd. 5602 Pollard Rd., Bethesda, Md. retained he State YES NO 3. NAME OF Month DECEASED OF (Type or print) Nellie Lamb 1962 DEATH April with rs afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) emale WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) thin 24 hours affer Give Pages 1, 2, orm PM3. Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Home Pennsylvania U.S.A. pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney I. Besselievre Nellie Ecker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Office along with Son. Wm. Ers Lamb, Jr. (Same as above) None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (+) DUE TO certificate should Conditions, if env. which geve rise to Immediate cause DUE TO (e), steting the underlying cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (Stele) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work ed to 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry K and in my opinion Natural causes X Suicide death resulted from: Accident Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER ACTUAL 4-14-602TE SIGNED should be for ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU JAOSCHALT NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. SURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 940 g Cremation 4-16-62 Cedar Hill Crematory Suitland, 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME PUMPHREY Bethesda, Md. Culling S. Harrs 5M 9/60 DATE

ARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY b. COUNTY Page MARYLAND b. CITY OR TOWN (il outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Il outside corporete limits, write RURAL end give nearest town) write RURAL and give ingarest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give states eddress) e. IS RESIDENCE ON A FARM? YES NO State refained 3 to the fun NAME OF Middle DATE Month Day Yaar DECEASED OF the (Type or print) DEATH 1962 hould be executed within 24 hours after ages...

g" in pencil in Item 18. Give Pages 1, 2, and 3 to
s Office along with form PM3. Page 5 may be
s Office along with form PM3. Pages 1 and 2 with with COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR last birthday) Months | Days IF UNDER 24 HRS. 5. SEX B. DATE Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working lile, even il retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME are Office along with form burial-transit permit. File 16. SOCIAL SECURITY NO. | 17. INFORMAN' ARMED FORCES? (Yas, no, or unkown) (Ilyasgivewarordetesolservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sudd IMMEDIATE CAUSE (a) DUE TO EXAMINER: This certificate should Conditions, if eny, which (b) geve rise to immediate cause "pending" DUE TO (a), stating the underlying Examiner 98 0 causa last. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 lificate, writing the word Medical NO Plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age 3 short to burial, Chief age 3 MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, larm,) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (Stete) lectory, street, office bldg., etc.) While Not Whila Hour a.m. to the C at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion should be forwarded FUNERAL DIRECT Undetermined manner Natural causes X Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER should be forward designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 240 g Rockville 62 Parklawn Md. ADDRESS 24. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Laytonsville arthur & Kraus VS. AISME 5M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY Flordia Montgomery MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (Rural) 17 days U. S. Naval Vase, Key West d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS U. S. Naval Hospital 1063 Halsey Drive 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH Charles Hamilton Langton April 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR last birthday) Months Caucasian May 12, Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Naval Officer New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Thomas Langton Aldeliade Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service Mrs. Mary Jane Langton Same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Kemic lenkenia PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 38 0 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While at work et work CTOI 21. I certify that A (this hospital) attended the deceased from March 21, 1962, to April 7 1962, that AD (we) last SIGNATURE ATTENDING Har DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S U. S. Naval Hospital, Bethesda, Md. Charles E. Brodine, LCDR USN (MC) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23s. BURIAL, CREMATION, 23b. DATE THEREOF - F & 0 Arlington, Virginia Arlington National ADDRESTIVET Spring Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

Chambers Funeral Home, 8655 Georgia Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

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INTERVAL BETWEEN ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND F DEATH 2. USUAL RESIDENCE (Where decassed lived, If institutions Residence before admission) 1. PLACE OF DEATH b. COUNTY Montgomery a. COUNTY a. STATE Maryland MARYLAND Montgomery c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) D.O.A. Bethesda Silver Spring a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 1958 Rosemary Hills YES NO F Suburban Hospital Drive 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH Edward K. Lawless April 4. 19 62 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthdey) | Months Hours Male White WIDOWED TA DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad) Virginia TISA Govt. Wage Spec. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service 1943 -225 07 083 Miss Theodora Krout, friend same as above 1B/ CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which ' gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO . 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert II or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While WEDI Hour a.m. et work at work 19.6 and that death occured at int M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) MOVAL (Specify) Arlington National Cem. Arlington. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR arthur & Trave DATE

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RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 04764 ERTIFICATE OF DEATH 04763 directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before gamission) o. COUNTY filed b. COUNTY MARYLAND ankana b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) PIO Permanionn e. IS RESIDENCE d. NAME OF HOSEMAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE DECEASED (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Doys Hours DIVORCED | WIDOWED -100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY fareian country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup mag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur a. m. While Not while of work at work p. m 26 - 1962 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from ALLC and that death accurred at 12. M, from the causes and an the date stated above. saw the deceased alive an 22a. SIGMATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF LOGATION LETY, John, of Jounty) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY-OR CREMATORY page the St 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR arthur S. Thous DATE 15M 9/59

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MARYLAND STATE DEPARTMENT OF THE DEPARTMENT OF T 04765

1	1.	PLACE OF DEATH a. COUNTY				CE (Where decaasad livad, If in		nce before admission)		
		Montgome:	79-77	MARYLAND	a. STATE	b. COUNT	ſΥ	./		
		b. CITY OR TOWN (in	f outside corporata limits, giva naarast town)	c. LENGTH OF STAY IN 1b	Pennsylv c. city or town (anla f outside corporata limits, writa	RURAL and giva	naarast fown)		
	F	Bethesda 12 days			Rheems	75 x - 3				
0		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			d. STREET ADDRESS			IS RESIDENCE ON A FARM?		
	Th	The Clinical Center, Bethesda 14, Md.			Post Office	Post Office Box 207 YES NO K				
	3. NAME OF First Middle DECEASED			Middle	Last 4. DATE Month Day Year OF					
	(Type or print) Eric			Jon Lehman DEATH April 23			23	, 19 62		
	5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED A B	ED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UND			IF UNDER 24 HRS.		
	M	Male	10 m 1 m		6 April 1955	last birthday) 7 yrs.	Months Days	Hours Min.		
	10a do	na during most of wo	ON (Giva kind of work 10 rking lifa, avan if ratirad)	b. KIND OF BUSINESS OR INDUSTR		ty & Stata, or foraign country)	12. CITIZEN	OF WHAT COUNTRY?		
	40	Child			Pennsyl		U.S	. A.		
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
1	- 4.0		is Lehman		Janice We					
			R IN U.S. ARMED FORCES? yesgivewarordatesofsarvice)	16. SOCIAL SECURITY NO. 17. I	NFORMANT The	Medical Record				
		No		None The	Clinical Ce	nter, Bethesda	14. Mar	Maryland		
			EATH [Entar only one cause	per lina for (a), (b), and (c).]			IN	INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH		Minutes						
		MMEDIATE CAUSE (a) Cardiac Failure								
		Conditions, if any, which Pneumonia						Months		
	gava risa to immediate cause (a), stating the underlying DUE TO									
		causa last.	(c)	Cystic Fibrosi	is			7 Years		
)	Z O	PART II. OTHER	N IN PART 1(a)	RT 1(a) 19. WAS AUTOPSY PERFORMED?						
-	CAT	CATA								
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY MEDICAL EXAMINER!								
		20c. TIME OF INJU		ROD. INJURY OCCURRED 20a. PLA	CF OF INILIRY (Home, farm	n, ' 20f. (City or town)	(County)	(Stata)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Hour a.m. Whila Not Whila at work et work et work								
		21. I certify that XIX (this hospital) attended the deceased from APRIL 11, 19.62 to April 23, 19.62, that (1) (we) last								
	3.	saw the deceased alive on April 23 19.62, and that death occurred all: 35.44 m the causes and on the date stated above.								
	228. SIGNATURE ATTENDING MED. STAFF									
		Daniel V. Kuberg M.D. PHYS. DIRECTOR PHYS. 14/23								
		22c. PHYSICIAN'S NAME (Type)	Daniel V.	Kimberg M.D.	22d. ADDRESS The Clinical Center, Nati			ional		
			Dallic V .	Wringer & M.D.	Institute	s of Health, B	ethesda	14. Md.		
	23a	REMOTAL (STANIS	ON, 23b. DATE THEREOF.	23c. NAME OF CEMETERY	OR CREMATORY	ELITABE	rn or county)	UN PA		
	24	FUNERAL DIRECTOR	SIGNATURE	ALL ANDREAL .	St 01/250. REC	D'D BY REGISTRAR 256. REG	ISTRAR'S SIGNE	ATURE		
N	1	WW Chawferd Co, washington De DATE APR 25'62 arthur 2.					Thus I. The	and a		
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the funeral TO HOSPEAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ou death. For 4 ma retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ragges 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04766

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)						
71		s. COUNTY	e. STATE WOOD D. COUNTY						
	-	MARYLAND b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)						
_		write RURAL and give neerest town)	C. CIT OR TOTAL III GUISIGE COLDENIE IIIIIIS, WITH KORKE BIRG GIVE HOURS FOR III						
		Takoma Park 2/2 hw	Wash. D.C. 47X'3 d. STREET ADDRESS l. o. 15 RESIDENCE						
		Wash. Saw & Hospital	5013 14th St. N.W. Wash 11. DCYES NO EX						
		NAME OF First Middle	Last 4. DATE Month Dey Yeer OF						
		(Type or print) (Etbern Joseph Matthias	DATE OF BIRTH DEATH 4 27 1962 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	J.	7. MARGED NEVER MARGED	last birthday) Months Deys Hours Min.						
		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	5 - 10 - 1873 88 yrs. 1						
		Potomac Power Co. Chief Clerk	Pa Province						
1		FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
		Richard W. Leibert	Roberta S-Leibert Maria Krauss						
/		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
	(Ye	no (If yes give wer or detes of service) 577-05-0821	ecords of Wash. San + hosp.						
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	UINTERVAL BETWEEN ONSET AND DEATH						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Congestiv	e Heart Failure 5 days						
		450.0 DUE TO							
		A-toring land							
	-	geve rise to immediate cause							
		(e), steting the underlying DUE TO							
	7	(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
)	101	TACLE OF STATE OF STA	PERFORMED?						
	FICA	TO ACCIDENT WAS UNDERLYING TO JOAN DESCRIPT HOW INHIPN OCCUPER	YES NO NO						
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ CR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)						
	TY.		ACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (Stele)						
	MEDICAL	at week	tory, street, office bldg., etc.)						
	~	21. I certify that (I) (this hospitel) attended the deceased from June 1954 to Apr 27 , 1962, that (I) (we) last							
			death occured at 1.1.5 M, from the causes and on the date stated above.						
		220. SIGNATURE	ATTENDING MED. STAFF // SIGNED						
			A.D. PHYS. DIRECTOR PHYS. 1/27/62						
1		22c PAYSICIAN'S NAME (Type)	22d. ADDRESS Md.						
		John Lawrence Avery	10110 Georgia Ave. Silver Spring						
	23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)						
		REMOVAL (Specify) Burial 5/1/62 Nisky Hill	Cemetery Bethlehem Penasylvania						
	24	FUNDRAL DIRECTOR'S SIGNATURE ADDRESS CO	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
-	1/2	JES, HINES CO. WASHINGTON 9. D	DATE DATE DATE						

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O FUNERAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 2 our death. P. A may letained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after degett.

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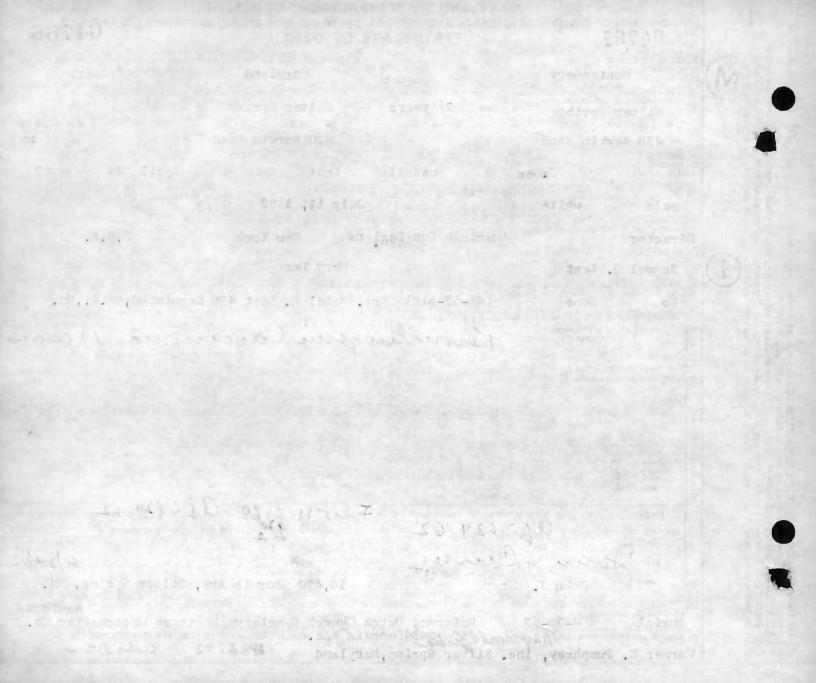
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 66

PLACE OF DEAT									
	H		2. USUAL RESIDEN	ICE (Where dec					dmission
a. COUNTY MO	ntgomery	MARYLAND	a. STATE Mary	land	b. COUN	Mon YIV	tgon	nery	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give								naarest tow	vn)
	giva naarast town) Spring	2½ years	32 Silver	Spring					
NAME OF HOSP	TAL OR INSTITUTION (if no	t in hospital, giva streat addrass)	d. STREET ADDRESS						ESIDENC
420 Ke	rwin Road		420 Ker	win Road	a .			YES _	NO C
ME OF EASED	First	Middle	Last	4. DATE	Month	h	Day	Yea	τ
pe or print)	James	Russell	Lent	DEATH	Ap	ril	24	19	62
	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	. DATE OF BIRTH	9.	AGE (In years			IF UNDER	-
ale	- 1- 1- A -	DIVORCED DIVORCED	July 11, 18	92	69 yrs.	Months	Days	Hours	Min.
UAL OCCUPA	TION (Giva kind of work orking life, evan if retired)	106. KIND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (Cou	nty & State, or f	oreign country)	12. CI	TIZEN C	F WHAT	OUNTRY
rector	orking the, evan it rented)	American Gun Deal	ers New	York		U	.S.	4.	
ATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Samuel D	. Lent		Mary Lee						
	ER IN U.S. ARMED FORCES		INFORMANT		Addrass	3			
(Yas, no, or unkown) (Ifyasgivawarordatasofservice) None 045-03-6101 Mrs. Mabel E. Lent 420 Kerwin Rd. S								.S.,Md.	
. CAUSE OF	DEATH [Entar only one cau	se per lina for (a), (b), and (c).]				-		TERVAL BE	
PART I. DEATH WAS CAUSED BY:							NSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronelio gene Cercinona 1								The	a
100	DUE TO		0					0	
"andislane is									
Conditions, if an	liata causa								
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gave rise to immade (a), stating the causa last.	liata causa dundarlying DUE TO (c)	NS CONTRIBUTING TO DEATH BUT NO	OT DELIATED TO THE TEDMIN	INAL DISEASE C	ONDITION CIV	VEN IN DAI	PT 1(a)!	10 WAS	MITOPSY
gave rise to immada, stating the causa last.	liata causa dundarlying DUE TO (c)	ns <u>contributing to death</u> but no	OT RELATED TO THE TERM!	INAL DISEASE C	ONDITION GIV	VEN IN PAI		PERFC	DRMED?
pave rise to immada), stating the causa last. PART II. OTHI	fiata causa andarlying DUE TO (c) CE SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO				VEN IN PAI			
gave rise to immadia), stating the causa last. PART II. OTHI	liata causa undarlying DUE TO (c)					VEN IN PAI		PERFC	DRMED?
pve rise to immae), stating the use last. PART II. OTHI PART II. OTHI PART II. OTHI PART II. OTHI PART II. OTHI PART II. OTHI PART II. OTHI	ista causa DUE TO (c) R SIGNIFICANT CONDITION (AS UNDERLYING CAUSE OF DEATH (MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED). (Entar nature of injury in	Part I or Part II	of item 18.)			YES T	DRMED?
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ve rise to immae,), stating the usa last. PART II. OTHI a. ACCIDENT V. CONTRIBUTING EITHER, NOTIF bc. TIME OF INJ. Hour a.m. p.m.	DUE TO (c) R SIGNIFICANT CONDITION (AS UNDERLYING CAUSE OF DEATH (MEDICAL EXAMINER) URY Month, Day, Year 19 that (I) (this hospital)	20d. INJURY OCCURRED 20e. PL/ Whila Not Whila at work at work at attended the deceased from.	D. (Entar nature of injury in ACE OF INJURY (Homa, far tory, streat, offica bldg., at	Part I or Part II m, 20f. (City c.)	of item 18.) or town)	(Co	ounty)	YES PERFO	(Stata)
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Da. ACCIDENT VIR CONTRIBUTING FEITHER, NOTIF Oct. TIME OF INJ Hour a.m. 1. I certify aw the decea	Table Cause DUE TO (c) R SIGNIFICANT CONDITION (AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) 19 That (I) (this hospital) sed alive on.	20d. INJURY OCCURRED 20e. PL/ Whila Not Whila fac at work at work at tended the deceased from.	CE OF INJURY (Homa, far fory, streat, offica bldg., at death occured and ATTENDING PHYS.	Part I or Part II m, 20f. (City c.) 1960, to MAD. DIRECTOR	or town) the causes STAFF PHYS.	(Co	the d	PERFCYES	(Stata)
pave rise to immade (a), stating the cause last. PART II. OTHE CONTRIBUTION OF CONTRIBUTION HOUR CONTRIBUTION HOUR A.m., p.m. 21. I certify saw the decearage. SIGNAPURE 22c. PHYSICIAN NAME 120.	Tohn Je Cu	20d. INJURY OCCURRED 20e. PL/Whila Not Whila at work attended the deceased from 1.2 4.196 2 and tha	ATTENDING PHYS. ACE OF INJURY (Homa, far lory, streat, offica bldg., at death occured and ATTENDING PHYS. 22d. ADDRESS 10,620 Ge	Part I or Part II m, 20f. (City c.) 1960 to MAD. TOM MED. DIRECTOR COTGIA A	of item 18.) or town) the causes STAFF PHYS. ve, Sil	(Co	ounty) the d	PERFCYES	(Stata)
gave rise to immade (a), stating the causa last. PART II. OTHI 20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the deceation of the cause of the	TON, 23b. DATE THEREOU	20d. INJURY OCCURRED 20e. PL/ Whila Not Whila at work at work at work at the deceased from the deceased from and the deceased from a large from a la	ACE OF INJURY (Homa, far lory, streat, offica bldg., at death occured and lory). ATTENDING PHYS. 22d. ADDRESS 10,620 Ge OR CREMATORY	Part I or Part II m, 20f. (City c.) 1960 to MED. DIRECTOR DIRECTOR 23d. LOCA	or town) the causes STAFF PHYS. TION (City, to	(Co	the d	PERFCYES PERFCY P	(Stata) (Stata) (We) la d abov DATE SIGN Line Line Line Line Line Line Line Line
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY 6 COUNTY 1 7 pe Montgomery MARYLAND New Jersey Hudson b. CITY OR TOWN (if outside corporete limits, and c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Bethesda 32 days Jersey City d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 11, Md. YES NO PE 608 Palisade Avenue DATE complete DECEASED OF (Type or print) DEATH 1962 pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) pue WIDOWED DIVORCED February Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY nty & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) New Jersey U.S.A. None None Bessie Ruvolo EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I The Medical Record (Yes, no, or unkown) | (If yes give we ror detes of service No. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). The Clinical Center, Bethesda 14. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cardiac failure 12 hours pulmonic valvulotomy & closure Cardiac surgery of atrial septal defect 19 hours geve rise to Immediate cause DUE TO Cyanotic congenital heart disease (Pulmonic (e), steting the underlying (a) stenosis and atrial septal defect) the 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO I 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While Hour e.m. While et work et work DIRECTOR: 21. I certify that 20 (this hospital) attended the deceased from March 27, 19.62 to April 28, 1962, that (2 (we) last .19...62, and that death occured a5:240AMrom the causes and on the date stated above. saw the deceased alive on.. April ...28. 22b. DATE 22. SIGNATURE SIGNED PHYS. rimio DIRECTOR M.D. FUNERAL The Clinical Center, National Institutes PHYSICIAN'S NAME (Type) James L. Talbert, M.D. of Health, Bethesda II, Maryland
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, fown or county) 230. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Bergen County, New Jersey Arlington Cemetery 0 Burial-transit ADDRESS 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Md. A. PUMPHREY 1SM 9/60 Chillian & House

MARYLAND STATE DEPARTMENT OF HEALTH

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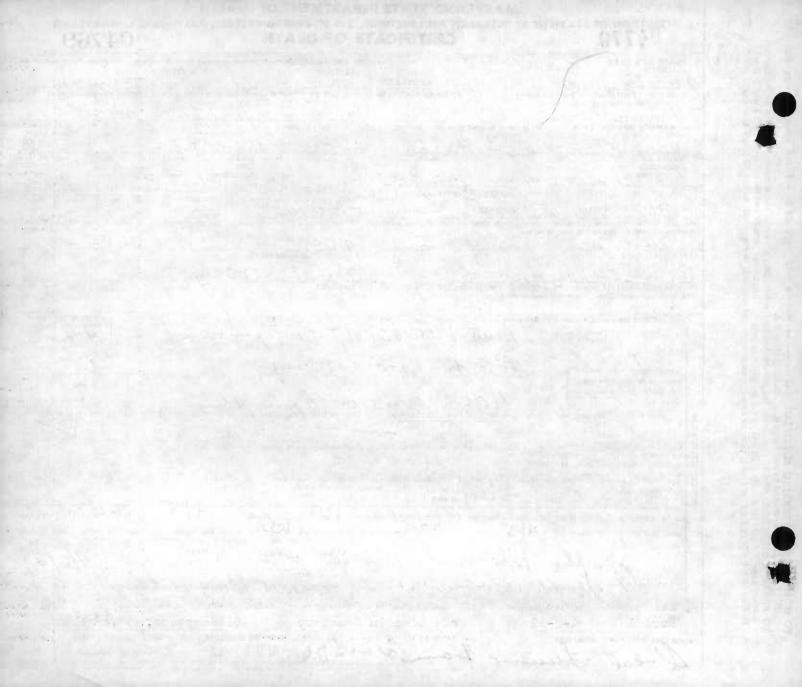
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If Institution: Residence before edmission e. COUNTY b. COUNTY and b. CITY OR TOWN (if outside corpo outside corporata limits, write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF DATE Middle OF DECEASED (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) Months WIDOWED DIVORCED BIRTHPLACE (County & Stete, or foreign country) USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired 13. FATHER'S NAME Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyas give wer or detas of ervice) attending physician. as been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) asdominal gorta Conditions, if eny, which QUECUTYSM 0 geve rise to immediate cause DUE TO (e), steting the underlying the buby ceuse lest. hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? Se o YES IN NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ached 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 19 p.m. CTOR: saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN Rockville, Maryland tephen Jones 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Parklawn Op Op 2 Rockville, Maryland Burial A 350. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Montgomery VR A15 (4) Rockville, Maryland arthur S. House 15M 9/60

law requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH

Month Same Total The track of the second section of 917 Charlet Sure " See Course Sie Carrie Tourns Last on Port is 62 make white H94.25, 164 73 retrictly interminent Wigginson 16.7. A. Licharda Tale los tolo lacces Vanni Him 320 nos I suy-12-326 Laffers heg troof Whore The state of the s Ruggiared environment of opposited party I has Attended to the second of the LAND LAND TO BE FOR THE PERSON OF THE PERSON

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE nontromery MARYLAND 13-2-10-120 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside comporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Day paper n 72 4. Last DECEASED OF DEATH (Type or print) 19/03 IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | 5. SEX 7. MARRIED and last birthday) Months Days DIVORCED WIDOWED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME affending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16: SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) hospital or attending physician. certificate has been signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying the PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19. WAS AUTOPSY 0 PERFORMED? prior NO 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: D. m. 190 ... That (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from.... 19 should 19.6 T and that death occurred at MM, from the causes and on the dete stated above. saw the deceased alive on..... 220. SIGNATURE ATTENDING STAFF PHYS. PHYS. DIRECTOR FUNERAL ADDRESS 22c. PHYSICIAN NAME ((Type) rector, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, 236 DATE THEREOI P d REMOVAL (Specify) 0 Fort Lincoln Cemeterv Bladensburg, Maryland 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 24 FUNERAL DIRECTOR'S SIGNAT 1SM 7/61



TO HOSP

VR A15 (4) 15M 9/60

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission)

·. COUNTY Montgomery	MARYLAND	e. STATE		b. COUNTY	_		/			
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete l	imits, write RU	RAL end give r	neerest tow	n)			
write RURAL end give neerest town) Silver Spring	4 days Washington, D.		U	D.C. 47		1x-3				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS					SIDENCE A FARM?			
7701 Eastern Avenue Apt	. #201	3150 1	6th St.,	W.V.		YES [NO K			
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month Dey		Yeer				
(Type or print) Lelia	Sophie	Manning	DEATH	April	26	19	62			
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 1 8	. DATE OF BIRTH		(In years IF L	JNDER 1 YEAR	IF UNDER	24 HRS.			
female white WIDOWE		March 20. 19			onths Deys	Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS OR INDUSTR			, , , , ,	12. CITIZEN O	F WHAT C	OUNTRY?			
done during most of working life, even if retired) Sales clerk	shoe store	375			77 C A					
13. FATHER'S NAME	suce store	Virgini			U.S.A		-			
Robert L. Annandale Anna	dala	Jerusha								
		NFORMANT	. Nasıı	Address						
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	7 05 700.1			L	inthicu		S.,			
		lia Ann Tank	ersley 560) Fairm			vd.			
18. CAUSE OF DEATH [Enter only one cause per l	ine for (e), (b), and (c).)	À		0		ERVAL BET				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	cull 4	nondi	y occ	lusi	21 2	NIKO	ww.			
HA A DUE TO										
Conditions, if eny, which (b)										
geve rise to immediate ceuse										
(e), steting the underlying ceuse lest.										
	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN	IN PART 1(e) 1	9. WAS A	UTOPSY			
BRANCE O	Para						RMED?			
E 200 ACCIDENT WAS LINDERLYING TO LOOK DES	CPIRE HOW INTURY OCCUPED	VEnter pattire of injury	Part Lor Part II of ite	m 18)		123	110			
OR CONTRIBUTING CAUSE OF DEATH										
0		CE OF INJURY (Home, fa		wn)	(County)		(Stete)			
Hour a.m. While	Hour a.m. While Not While factory, street, office bldg., etc.)									
21. I certify that (I) (this hospital), attended the deceased from 1962 to 1962 to 1962 that (I) (we) last										
	Will con le									
	saw the deceased alive on									
220. JULATURE	220. SIGNATURE ATTENDING MED. STAFF JOB SIGNED									
22c, PHYSICIÁN'S	122c. PHYSICIAN'S 22d. ADDRESS PHYS. PHYS. PHYS. PHYS. PHYS.									
NAME (Type) ARTHUR A	. DAVis	\$200-	- 16 m y	219	26 678	St.	Rle			
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, Iown	or county	(5	tete)			
REMOVAL (Specify) Burial 4-30-62	Fort Lincoln				's Co.,		land			
24 FUNERAL DIRECTOR'S SIGNATURE ROYMON	A SPRESSU 34 Ge	orgiaAve 250. R	PP 2 0 150							
Warner E. Pumphrey, Inc., S.	ilver Spring, M	aryland DATE	rn 3 U 02	Chil	4 8. Kray					

executed within pe certificate The law requires that the death PHYSICIAN:

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1 PLACE OF DEATH a. COUNTY b. COUNTY Mont gomery Montgomery Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 Write RURAL and give nearest town)
Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddfess) e. IS RESIDENCE d STREET ADDRESS ON A FARM? Suburban Hospital 5615 Southwick Street YES NO ST 3. NAME OF First DATE Month Middle Last Yeer DECEASED 1962 DEATH April SYDNEY (Type or print) 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. White last birthday) Months Deys Hours Male Mar. 12. WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U. S. Watch Company Penna. Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katie Epstein Harry Marks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service Yes Ann R. Same as Item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HOURS IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate ceuse DUE TO (a), stating the underlying cause lest. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED O PERFORMED? NO S CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer 20f. (City or town) fectory, street, office bldg., etc.) Hour a.m. While Not While at work et work p.m. 19.62 that (1) (wo) last 21. I certify that (I) (this hospital) attended the deceased from. to. 19.62, and that death occurred at 1.1.7.M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF MED DIRECTOR PHYS. 4-14-62 PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LEAR ARNOLD 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Arlington, Virginia 17/62 Arlington Cemetery Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Certiner & Though Mary hand DATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTA MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and live nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO 3. NAME OF DATE Middle Month Day Year DECEASED DEATH (Type or print) 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Days WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HIR LINE bon 72 hg CREW 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME i. G remave a IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address EVELYN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: METHSTASES ZMOS. IMMEDIATE CAUSE (o) DUE TO PROSTATE CARCINOMA OF Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that (1) (this hospital) attended the deceased from how 2 1962, and that death occurred at 10134M, from the causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE SIGNED M.D. PHYS. MED. STAFF PHYS. 22d. ADDRESS 7720 WISCONSIN 22c. PHYSICIAN'S H. TUOHY, M.D. NAME (Type) BETHESDA 14, MD page 3 the State 23a. BURIAL CREMATION, 23b. DATE THEREOF 235-NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) L'EMETER 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 15M 9/59

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pisjon of Statistical research and records, 301 W. preston street, Baltimore ۱, Maryland براتان بالماتكة بالماتكة الماتكة الم MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission e. COUNTY irector. Page your files. rd of Health, e. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporele limits, write RURAL end give neerest town) your do b PARIZ TAKEMA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SANITARIUM refained he State 1701 MERRIMA YES NO X and 3 to the fund 3. NAME OF DATE Month Year DECEASED OF (Type or print) MRS 1962 12 A DE 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 5. SEX 8. DATE OF AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 2 y last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ' in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File pages 1 and done during most of working life, even if retired) Housewit TERMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or undown) | (Ifyesgivewarordelessiservice) SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (e) minutes DUE TO Conditions, if eny, which (b) "pending" Examiner's (geve rise to Immediate cause DUE TO (e), steting the underlying 0 used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION writing the word " e Chief Medical Ex Page 3 should be u PERFORMED? cremat Died suddenly following furgery for repair of hiatal hernia YES NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL the Chie 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! (County) 20f. (City or town) (Stete) Not While factory, street, office bldg., etc.) While Hour a.m. et work et work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion forwarded to DIRECTO death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide the CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION 22d. LOCATION (City, town or country) 22c. NAME OF OR CREMAJORY (Slele) REMOVAL (Specify) 240 g 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kener 5M 9/60

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TO HOW TAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 horders.

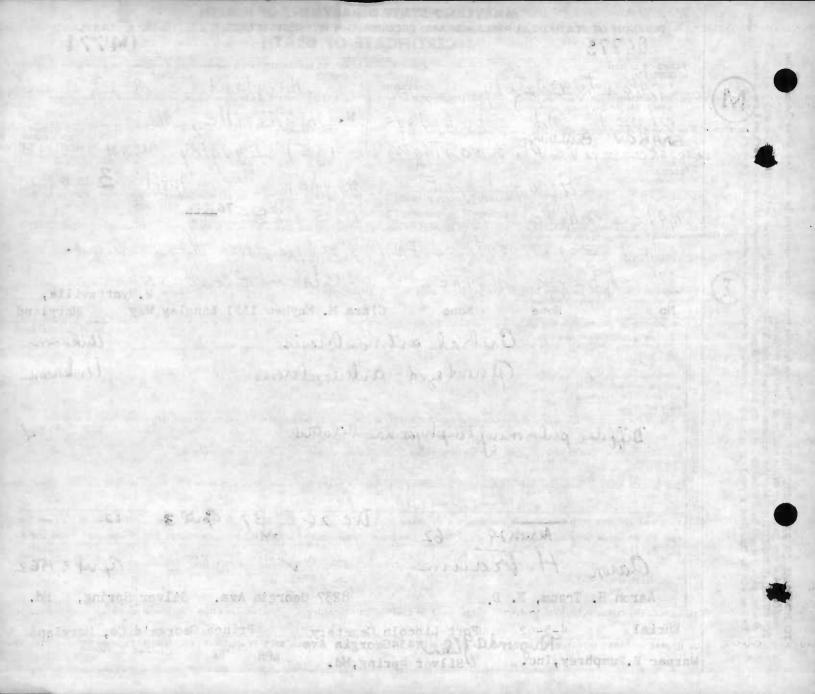
JO FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal—add in any event, within 72 hours affer death.

VR A1S (4) 15M 7/61

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MAKT	LAND STATE DE	AKIMENI OF	DEALIN .
DIVISION OF STATISTICAL RESEA	RCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
04775	CERTIFICATE	OF DEATH	04774

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Re	sidance before admission)
MONT. CONNITY MARYLAND	a. STATE MAYN AND b. COUNTY ALON	T. P.C.V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If oftside corporate limits, write RURAL and	giva naarast town)
Dinor Mal	W. HVATTSville Md.	1656-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
prooke brove roundation	1351 LANgley WA	Y YES NO
3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE / Month OF DEATH	2 Year
170 WAYA / 1	DATE OF BIRTH 19 AGE (In years HE LINDER 1)	EAR IF UNDER 24 HRS.
Male Mih 'to WIDOWED DIVORCED DI		eys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
dona during most of working life, evan if retired) Retired ENA.	MI NEVAND HAVEN MASS. 1	15A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WAShburn Marken	Clara Flanders	
(Yas, no, or unkown) (Ifyesgiva war or dates of servica)		ttsville,
NO None None C1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	ara M. Mayhew 1351 Langley Way	Maryland I INTERVAL BETWEEN
2 1	ine Orosis	ONSET AND DEATH
1)342		cauchown_
Conditions, if any, which (b) Generalized a	rterioscleroris	Unterans
The same of the sa	Cura server	Opt dot & William
(a), stating the undarlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		(a) 19. WAS AUTOPSY PERFORMED?
Diffuse pulmonary emphysema		YES NO
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Entar neture of injury in Part I or Part II of item 18.)	
	(CE OF INJURY (Home, ferm, '20f. (City or town) (Country, street, office bldg., etc.)	(Stata)
Hour e.m. While Not While fact p.m. 19 el work et work	, since stage, stage	
21. I certify that (I) (this hospital) attended the deceased from.		
	death occured at MM, from the causes and on the	
22a. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S	DIRECTOR PHYS. 22d. ADDRESS	yours, 1962.
Aaron H. Traum, M. D.	8237 Georgia Ave. Silver Sp	ring. Md.
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Burial 4-5-62 Fort Lincoln (Maryland
	orgia Avesa. REC'D BY REGISTRAR 25b. REGISTRAR'S 61	GNATURE
Warner E. Pumphrey, Inc. Usilvef Sprin	ig Md. DATE RET OF	



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH e. COUNTY the d Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 by write RURAL and give nearest town) Bethesda (Rural) 45 days Aurora d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS U. S. Naval Hospital 1148 Newark NAME OF Middle DECEASED OF John Francis McCabe (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male Caucasian DOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Foreign Service Officer U.S.Government New Jersev 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Francis McCabe Ellen Calvey requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I (Yes, no, or unkown) | (If yes give war or dates of service) Unknown Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Lobular pneumonia IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying 80 CERTIFIC 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After the should be detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work | et work ATTENDING 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0.58 Arlington National Burial VR A15 (4)

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Colorado c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) (c/o Antoinette Bardner IS RESIDENCE ON A FARM? YES NO X Street DATE Month DEATH April 19 9. AGE (In years [IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country) USA Address INTERVAL BETWEEN ONSET AND DEATH days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) (State) 20f. (City or town) (County) 19.62., and that death occured a 2:55 PM from the causes and on the date stated above. SIGNED STAFF DIRECTOR HOGAN LT MC USN U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City, town or county) (State) Arlington, Virginia 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE arthur & Trans Pumphrey Funeral Home, 7557 Wisc. AvelDATE APR 6

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Double C. Through My Bosheson, M. Robert M. Fumbhrey Puneral Home, 757, 11mc. ave.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Item 2FilmG313 5/16/62. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH . COUNTY MARYLAND b. CITY OR TOWN (if of side corporete li c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) y is neces with RURAL and give nearest town) Your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give style) eddress) . IS RESIDENCE 0 ON A FARM? YES NO 3. NAME OF 4. DATE McCov DECEASED OF and 3 to the the (Type or print) DEATH 1967 2 with 9. AGE (In/years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birt day) Months Days WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Give Pages 1, 2, Page done during most of working life, even if retired) may pages P.M.3. 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN in pencil in Item 18. (Yes, no, or unkown) | (If yes give war or detes of service No should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN a burial-fransit p ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geva rise to immadiate cause "pending" (0) DUE TO (e), steting the underlying Examiner as nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? pe the word NO Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. Chief 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📈 Inquiry | and in my opinion forwarded to DIRECT death resulted from: Natural causes . Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER cute the designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER plnods NAME (Type) Address (Street, city, town, or county) DEP 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 6 40 Woodlawn Baltimore 246. REC'D BY REGISTRAR (246. REGISTRAR'S SIGNATURE Damascus, Md. VS. A15ME Ciriling S. Thousa SM 9/60

ATE DEPARTMENT OF HEALTH

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY_ b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) within 24 2 ar IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM? YES NO X Danilarium 1,020 executed DATE 3. NAME OF Middle DECEASED OF (Type or print) DEATH 1962 race 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days WIDOWED DIVORCED certificate 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Teacher C.Schools 13. FATHER'S NAME MOTHER'S MAIDEN NAME requires that the death Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2Dc. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not Whila Hour a.m. at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from.... 19. U.A. and that death occured at M.M., from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, GREMATION, 23d. LOCATION (City, town or county) REMOVAL (Specify) 0.0 Rock Creek Cemetery buria 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 1SM 7/61 withing & Tirans

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pinous PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY e. STATE by the and 2 MONTGOMERY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) death. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) .5 -GATTHERSBURG d. NAME OF HOSPITAL OK INSTITUTION (if not in hospitel, give street address) 0 e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Route 3. NAME OF SUBURBAN completel First Middle Month Yaar DECEASED DEATH LES 1962 (Type or print) and cor 6 COLOR OR RACE IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH 7. MARRIED THE NEVER MARRIED last birthdey) Months Days Hours DIVORCED WIDOWED [physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A MARYTAND

14. MOTHER'S MAIDEN NAME 13. FATHER PRAMITED or attending physician.

The burial-transit permit. Then please rial, cremation, or second to the control of th 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Gaithersburg. Md (Yes, no, or unkown) | (If yes give wer or detes of service DAUCHTER (Mrs. Helen Wells) #8 James 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: RDIAL INFARCTION IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve risa to immediate cause DUE TO (a), steting the underlying certificate har use as the to brior to buria causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X PERTENSIVE 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. PLACE OF INJURY (Home, ferm, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yeer factory, street, offica bldg., atc. Not While While Hour e.m. et work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from W RIL 25 1962 and that death occurred a 6.15M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 220. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSIONAN'S 22d. ADDRESS NAME (Type) death. Pa. filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOVAL (Specify) à di Darnestown Darnestown Maryland Buria 133 ADDRESS T Montgomery 25 CREC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Tyson Wheeler Funeral Home Rockville, Maryland PR 2 7 '62 Cirthur S. Krays 15M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR OF DEATH USUAL RESIDENCE Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH a. COUNTY a. STATE h. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Falls Church Bethesda (Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 7826 Allen Sturges U.S. Naval Hospital NO YES. 3. NAME OF 4. DATE complete Middle Dey 72 DECEASED (Type or print) DEATH MILLER 15 19 62 Anne April .Tean and cor 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 25 WIDOWED DIVORCED February 1920 Caucasion Female. physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) USA Hall County, Nebraska Housewife 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME c attending Eva Brass Oscar Vieregg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Hospital Records None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO attending geve rise to immediate cause DUE TO (a), steting the undarlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 98 PERFORMED? YES X NO CERTIFIC 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. 20f. (City or town) (Stete) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work this hospital) attended the deceased from 8 Mar. 62, 19...., 10...15 Apr., 19.62 that N) (we) last 15.........19.62... and that death occured at 23.1.0%, prom the causes and on the date stated above. saw the deceased 22e. SIGNATURE 22b. DATE ATTENDING SIGNED, PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) T. E U.S. Naval Hospital, Bethesda, Md. POTVIN FUNE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) \$ 6 ÷ 8 Grand Island, Nebraska 962Grand Island Cemetery Burrial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Adexandrea. Va. VR A15 (4) 15M 7/61 Everly-Wheatley Funeral Home 1500 W. Braddock Robate

executed

RYLAND STATE DEPARTMENT OF HEALTH

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NAME OF HOSPITAL (If not in hospital, give street or institution inburban Hospital	address)	d. STREET ADDRESS	creet, N.E. Apt	• IS RESIDENCE ON A FARM? YES NOW
ME OF First TEASED Se or print) CHALMERS	Middle EASTON	MILLS	4. DATE Mon OF DEATH April	1st, Day Year 19 62
6. COLOR OR RACE 7. MARR WIDOW		8. DATE OF BIRTH May 22nd, 190		Months Doys Hours Min.
SUAL OCCUPATION (Give kind of work done 10b. oring most of working life, exen if retired) gn Painter (Retired)	kind of Business or Indus Commercial	Alexandria		12. CITIZEN OF WHAT COUNTRY?
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AS DECEASEDEVER IN U. S. ARMED FORCES? Or unknown) (If yes, give war or dates of service) No None	Unknown 17. III	nformant narles N. Mill	s, 8321 Old Fo	en ort Rd. Wash. 22,DC
Conditions, if any, which over rise to immediate ause (a), stating the undering cause last. Part II. OTHER SIGNIFICANT CONDITIONS C		NOT RELATED TO THE TERMI	nal disease condition giv	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
o. ACCIDENT WAS UNDERLYING TO 206. DESCRIPTION TO CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort t or Port II of item 18.)	YES NO
Hour a.m. While	NJURY OCCURRED 20e. PLA Not while t at work	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.	20f. (City ar town)	(County) (State)
LI certify that I attended the decease live add Inch Zg 1960 To Lord	ed framiller Ze	accurred at 11:55F	M, from the causes a ADDRESS (Street, city or town. ag Street,	Rithat I last saw the deceased and an the date stated above. DATE SIGNED 4/2/1962
JRIAL, CREMATION, 22b. DATE THEREOF 4/5/1962	Port Lincoln		22d. LOCATION (City, town, o	Pr. Geo. Co., Md.
NERAL DIRECTOR'S SIGNATURE Chamber's Co. 51711th	St.S.E.Wash.I	C 240. REC'E	100 P 100	TRAR'S SIGNATURE

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 700 UFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY ector. Page MARYLAND c. CITX OR TOWN (If outside corporete limits, write RURAL and give afferest town) b. CITY OR WN (if outlide corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give heerest town) your of 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO retained he State and 3 to the fund NAME OF 4. DATE Middle Month Dev Year DECEASED OF the (Type or print) DEATH 1962 may be 2 with th 9. AGE (years IF UNDER 1 YEAR last birthday) Months | Dave 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. IF UNDER 24 HRS. Months Hours s 1, 2, and age 5 ma 1 and 2 v 72 hour, WIDOWED DIVORCED 10s. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 'in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit. File pages 1 and dona during most of working life, even if retired) m-5.6 pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ALMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknown) | (Biyesgivawarordatesofsarvice) Address 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). INTERVAL BETWEEN .5 ONSET AND DEATH I. DEATH WAS CAUSED BY: del IMMEDIATE CAUSE (a) DUE TO removal, plnods Conditions, if any, which (b) gava rise to immadiate causa 50 0 "pending" DUE TO as (a), stating the undarlying Examiner 9 pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 writing the word Chief Medical E NO X 20a. EXTERNAL CAUSE WAS 70b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury In Pert I or Part II of item 18.) AMINER: CAUSE OF DEATH. 3 MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year (County) (Steta) factory, streat, office bldg., atc.) While Not Whila Hour am the R: Pa et work et work prior the certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 📈 Inquiry X 0 and in my opinion forwarded to Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER please exert, the should be forwed by FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Typa) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g Burlai Derwood Cemeterv Derwood, Maryland 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. A15ME Robert A. Pumphrey, Bethesda, Maryland Circher & Maria 5M 9/60

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ay b siin IRECTOR: should be d		21. I certify that (I) (this hospital) attended the deceased from Supt. 1967, to 1967, that (I) (saw has the deceased alive on 1967, and that death occurred at 116 M, from the causes and on the date stated above 22b. DATE
ith the	1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNE 22c. PMSICIAN'S NAME (Type)
O HOSPI death. Pa O FUNEI director, p	0	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
VR A1S (4)	_ 1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESSMY RAILIER 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Malloy'S Funeral Home Md. Date PB 3 0 '62 Cuthun & Home
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a COUNTY b. COUNTY / 125 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If oursida corporate limits, write RURAL end give nearest town) by write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO papers. n 72 ho completely 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH 62 C 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED pue last birthday) physician 10a. USUAL QCCUPATION (Giva kind of work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (Ifyes giva war or dates of service) has been signed by the 18. /CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IHROM BOSES IMMEDIATE CAUSE (a) DUE TO GENERALISED HRTERIOSCLEROSIS Conditions, if any, gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? EUERE CUBITUS NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (Stete) Month, Day, Yaar (County) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 19 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on...../O 22b. DATE 22e. SIGNATURE MED. ATTENDING DIRECTOR M.D. 22c. PHYSICIAN 22d. ADDRESS death. Pag director, I 23a. BURIAL, CREMATION, | 236 23c. NAME OF CEMÉTERY OR CREMATORY 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL 04786 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL end give nearest town) Poolesville 25 yrs. Poolesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle DATE 4. Month Dev Yeer DECEASED OF (Type or print) MOSS BURG DEATH 19 62 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Hours WIDOWED X DIVORCED Female 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C Henrietta Harper Compher 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) ova No Poolesville, Md. Z. M. Compher 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) reatentimes DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(11) 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ! Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work | et work 19 p.m 21. I certify that (I) (this hospital) attended the deceased from......, 1962 that (I) (we) last saw the deceased elive on. Cha and that death occured at M, from the causes and on the dete stated above, 22b. DATE 22e, SIGNATUR ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS. M D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Boyds, Md. John G. Fawcett ector, filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta REMOVAL (Specify) P G 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Trains

MARYLAND STATE DEPARTMENT OF HEALTH

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STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before agmission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if oulside corporate limits, MARYLAND PRINCE GEORGES

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14. MOTHER'S MAIDEN NAME II.S.A attending ple INFORMANT Minnie West 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes giva wer or dates of service) None physician. (Same as aboyeteval BETWEEN Katherine Mullican 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause ned by the hosping. ... After this certificate has but and the buri DUE TO (a), steting the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? 0 NO prior 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER detached 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, straet, office bldg., etc.) Hour a.m. While Not While at work et work 21. | certify that (I) (this hospital) attended the deceased from 196. Z- to S saw the deceased alive on...... 22a, SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS MAME (Type) 1919 Seminary Rd, Silver Spring, Maryland Rogers 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 4-9-62 Rockville Cemetery Rockville Montgomery Co. Md. OF Zuladdress 8434GeorgiaAves. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Chithur & Threes Warner E. Pumphrey. Inc. Sitver Spring. Maryland

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13. FATHER'S NAME Mississippi USA 14. MOTHER'S MAIDEN NAME Jessie T. Milliga Unknown) Hallingsworth Milligan 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Edmund Mulville-Husband-same 2d No 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MELANOCARCINOMA IMMEDIATE CAUSE (e) IVER, LUNG; BONE + SKIN. geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? YES NO X 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Hour a.m. While Not While factory, street, office bldg., etc.) at work at work 21. I certify that (I) (this hospital) attended the deceased from MAY to APRIL RIL 13 1967, and that death occurred at 2.7M, from the causes and on the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE ATTENDING SIGNED X DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Fitzgerald valne 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete)

Arlington Cemetery

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25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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CERTIFICATION

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REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey,

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 04789 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Montgmery Montgomery MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Germantown life Germantown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Brownstown Brownstown YES NO 3. NAME OF First 4. DATE Month Dey Middle Last Year DECEASED OF DEATH (Type or print) MARY April 22. A. 19 62 MUMF OR D AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED and last birthday) female golored Months 52 WIDOWED X Nov. 2, 1909 physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S. A. Maryland Domestic attending ph Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Holly Caroline Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service Riley Curtis Boyd, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH hambisis with xt. homiplegia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO exposeleratio Cardiovasanlar Disease Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert 1 or Part II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour em at work at work 1962 21. | certify that (1) (this hespitel) attended the deceased from ... saw the deceased alive on. ATTENDING 22e. SIGNATURE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. ector, 23a. BURIAL, CREMATION, | 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) O To B Germantown, Mi. Asbury Church.. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Rockville, Md. arthur & Thank APR 3 0 '62 15M 7/61

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ARYLAND STATE DEPARTMENT OF HEALTH

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17		Montgomer				d. STREET ADDRESS			e. IS RESIDER
		NAME OF DECEASED (Type or print)	Lurene	_	Middle	Murphy	4. DATE MOF DEATH		9 Yeer 0 1962
	5.	Temale	white	. MARRIED WIDOWED	NEVER MARRIED	2/11/1875	9. AGE (In y last birthd 87 yı	ay) Months Day	
	Ď	USUAL OCCUPATION of during most of working ressmaker FATHER'S NAME	(Give kind of work life, even if retired)	10b. KIND	OF BUSINESS OR INDUS	Indian 14. MOTHER'S MAIDEN	na	usa	OF WHAT COUN
I) 15. (Ye	Patrick M WAS DECEASED EVER IN (, no, or unkown) ((ffyesg	U.S. ARMED FORCE	ES? 16. SOC	IAL SECURITY NO. 17.	Louisa (Campbell	dress	
		1B. CAUSE OF DEAT PART I. DEATH WA				rotic He	art Dis	edse.	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if eny, which geve rise to immediate co. (e), stating the underlicause last.	euse	Chr	onic	My o eno	ditis.		Screra 1 years
0	CATION	PART II. OTHER SIG	NIFICANT CONDITIO	ONS CONTRIB	UTING TO DEATH BUT 1	OT RELATED TO THE TERM	nal disease condition	GIVEN IN PART 1(e	19. WAS AUTOI PERFORMED YES NO
	CERTIFI	20a. ACCIDENT WAS U OR CONTRIBUTING C (IF EITHER, NOTIFY MED	AUSE OF DEATH	20b. DESCRIB	E HOW INJURY OCCUR	ED. (Enter nature of injury in	Pert t or Pert II of item 18.)		
	MEDICAL	20¢. TIME OF INJURY Hour a.m. p.m.	Month, Dey, Yeer	20d, INJU While et work		ACE OF INJURY (Home, far ctory, street, office bldg., etc.		(County)	(Stete
ď.		21. I certify that saw the deceased				Hugust at deeth occured at!	19.6.1, to apri		that (I) (we)
		220. SIGNATURE	ms /	- Le	il	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.		22b. DA SIG
		22c. PHYSICIAN'S NAME (Type)	ACCUSTO 1			22d. ADDRESS	shura Ma		
1		BURIAL, CREMATION,	.Leal	M.D.	c. NAME OF CEMETER	Gaither	sburg, Md.		(Stete)

MARYLAND STATE DEPARTMENT OF HEALTH

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY h COUNTY a. STATE Montgomery MARYLAND 2 he Maryland Prince b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL end dea 2 an write RURAL and give nearest town) College Park Takoma Park. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Washington Sanitarium & Hospital 9704 51st Place executed NAME OF DATE Month DECEASED OF (Type or print) DEATH Myhre AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX last birthday) DIVORCED Male WIDOWED April 1962 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e attending parts of The please law requires that the death Donald Laverne Donna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) no no; no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immediate causa **DUE TO** (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY TION 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While at work at work 19.6 and that death occured at 11.2 M, from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)
Raymond 1110 Spring St., Silver Spring, Md. F. Chinn, M. D. lor, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) ect REMOVAL (Specify) Op Dig a 4-26-62 Washington Sanitarium & Hospital, Takoma Park, Md
ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Cremation 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Hare, M. D. Wash, San, & Hosp PATER 3 0 '62

MARYLAND STATE DEPARTMENT OF HEALTH

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e. IS RESIDENCE ON A FARM? YES NO X

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

22b. DATE

SIGNE

YES X

(County)

Orthur & Kensel

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 479 04793 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. CQUNT o. STATE b. COUNTY MARYLAND TGOMERY eral c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) BETHESDA d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NURSING NAME OF First Middle Lost 4. DATE Month Day Year filled for DECEASED OF (Type or print) IDA OESTRICHER DEATH 1962 IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years campletely lost birthdoy) Months Doys Hours WIDOWED X DIVORCED | 86 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) YORK pup HOUSEWIFF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOMBURGER BERNARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO CONN. AVE. N.W (Yes, no, ar unknown) attending p in please ren t within 72 h WASHINGTON, D.C. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY 1 most IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which) gned gave rise to immediate per DUE TO cause (a), stating the underpub lying couse last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal. PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) icate 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) MEDI Hour a.m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. 1962 That I last saw the deceased and that death accurred at 14 M, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, stote)

22c. NAME OF CEMETERY OF CREMATORY

CEMETERY

3 shauld FUNERAL I 10

prior

ACTUAL

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

BURIAL

REMOVAL (Specify)

executed within 24 haurs after

VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

24g. REC'DABY REGISTRAR DATE

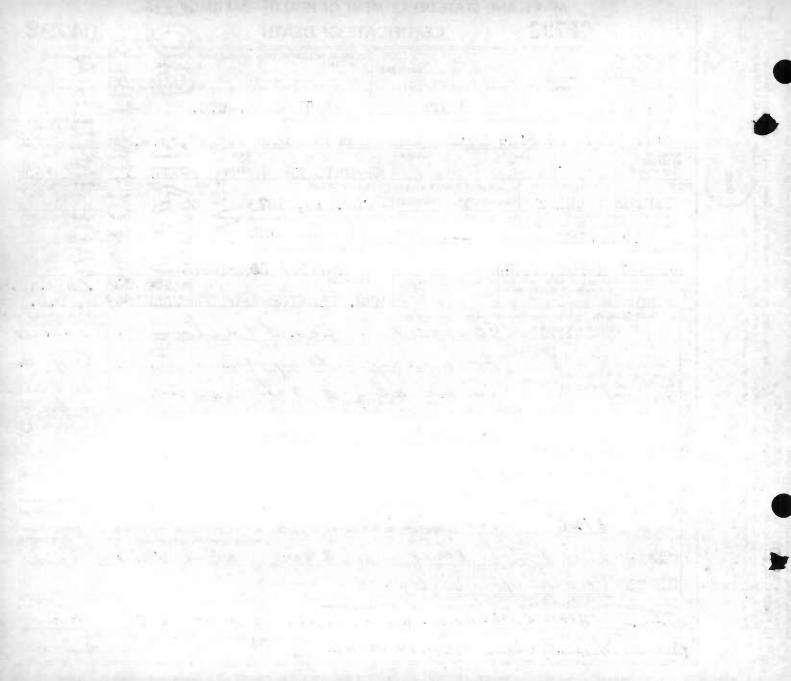
ELMONT

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

(State)

(Stote)



DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) elay is no. eral director. Pos. r your files. e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. ATREET ADDRESS e. IS RESIDENCE ON A FARM? 0 YES NO W 3. NAME OF Middle Year DECEASED ive Pages 1, 2, and 3 to the Pages 1, 2, and 3 to the PM3. Page 5 may be ree pages 1 and 2 with the 5 it within 72 hours after de OF (Type or print) DEATH affer 196 2 2 with tours afte COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In fears | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birMday) Months Deys Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Give Page orm PM3. I 13. FATHER'S NAME MOTHER'S MAIDEN NAME File event TOL AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with burial-transit permi in pencil in Item 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) removal DUE TO pluods Conditions, if eny, which (6) geve rise to immediate cause "pending" N 0 DUE TO the word "pendin (e), steting the underlying 98 Medical Examine should be used a rial, cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO de 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of ilem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A WEDICAL age to be 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,) 20f. (City or town) (County) (Slete) factory, street, office bldg., etc.) While Not While Hour a.m. the R. P. et work et work 0 prior p.m. 5 元 元 元 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry execute the carried to uld be forwarded to and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE V DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DN 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 6 0 Ø40 Cedar Crematory Suitland. emati FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATE MITTING & Thousand

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 04795 CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery MARYLAND Marvland Montgomerv the 12 b. CITY OR TOWN (if outside corporete limits, and c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 12 days Kensington Bethesda ages affe d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO Suburban Hospital Emily Street 3. NAME OF Middle 4. DATE Month Dev Year paper N DECEASED OF DEATH 1962 (Type or print) James Parker April 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. with 5. SEX last birthday) Months Devs Min. Hours July 3, 1925 36 WIDOWED DIVORCED Male 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work remove 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Broker Stock Broker Baltimore Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mariam Mettee James A. Parker , Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detas of service) same as above No 2(Doris Parker) wife 18. CAUSE OF DEATH [Enter only one couse per live] or (e) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying as the to buria PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? YES X NO Drior 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRISE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m 21. I certify that (I) (this hospital) attended the deceased from. .19.6. Zand that death occured at 12. PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) John O. Robben ector, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. SURIAL, CREMATION, 23b. P di Ft. Lincoln Cemeterv Prince George Co. Md. 25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE PINERAL DIRECTOR'S SIGNATURE Bethesda, Maryland VR A15 (4) 15M 9/60 Circher S. Thouse

MARYLAND STATE DEPARTMENT OF HEALTH

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funeral n by the TO HOSPITAL OR ATT. ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page they be read by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 2

MARYLAND STATE DEPARTMENT OF HEALTH

	04796	CERTIFICATI	OF DEATH	SIREEI, BALIIMOR	04795
	PLACE OF DEATH	em 9 Film G311	2. USUAL RESIDENCE	(Whare dacaasad lived, If Ins	titution: Rasidanca balore admission)
	a. COUNTY		a. STATE	b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b		7 Land utsida corporata limits, writa R	Montgomery
	writa RURAL and giva nearest town)	c. LENGTH OF STAT IN ID	10		ONAL and give neerest town,
	Rockville		and the same of th	cville	
	d. NAME OF HOSPITAL OR INSTITUTION (II not i	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	812 Bowie Road		812 B	Bowie Road	YES NO
3.	NAME OF First DECEASED	Middla		. DATE Month	Day Yeer
	(Typa or print)	w Kirk	Patch	DEATH April	12 19 62
5.	SEX 6. COLOR OR RACE 7 M		DATE OF BIRTH	9. AGE (In years IF	
			May 19, 192	21 40 last birthday) A	Annhs Days Hours Min.
10	Tale WILLE	OWED DIVORCED DIVORDIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DI		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
do	na during most of working life, aven if ratired)				
	U. S. Gov't	Retired	Michig		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Gifford Patch		Frances	s Kirk	
	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (Ifyasgivawarordatasofsarvica)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
,,,	Yes WW 2	367-03-5843 Ma	argaret Pato	ch, Wife, sa	me 2d
	18. CAUSE OF DEATH [Enter only one cause				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bronde	meumonia	a & respir.	hard as 486
				1	0 8
	DUE TO	31 1 - 1	1119	4 1	0.1.
	Conditions, il any, which gava risa to immediata causa (b)	Musch	halus ()	internal)	in acrem
	(a), stating the underlying DUE TO		1/11/2	4 .0	11
	causa last. (c)	Junor of	refer on	mu	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT ON	T RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT		Service Control			YES NO
TIFIC		DESCRIBE HOW INJURY OCCURED	(Enter natura of injury in Part	t I or Part II ol item 1B.)	
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ZAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDICAL		Whila Not While fact	ory, straat, office bldg., etc.)		
2	p.m. 17		7// 10	11 . 41 12	1 10(3 =1 . (1) () 1
	21. I certify that (I) (this hospital) a				
	saw the deceased alive on	19.6.2, and that	death occured at/220.	.M, from the causes ar	nd on the date stated above
	22a. SIGNATURE		ATTENDING MEE		SIGNED
	1 My Mul	(Janes) M	. D.	ECTOR PHYS.	7/13/62
	22c. PHYSICIAN'S NAME (Type)	1	22d. ADDRESS	Mill Da De	ckville. Md.
	Stephen N.	Jones			
238	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, Iown	
	"Burial" 4/16/62	Parklawn Co	emetery	Rockville,	Maryland
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256, REGIS	STRAR'S SIGNATURE
]	Robert A. Pumphrey,	Bethesda, Mar	yland DATE AND	17769	Ing S. Krasses
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Newfoundland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) Bethesda (Rural 25 days Argentia d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital YES NO X AEWRON 13, Navy 3. NAME OF 4. DATE Month Middle Year DECEASED OF (Type or print) DEATH Keith Alan PAVLISIN April 23, 1962 and cor 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH last birthday) Hours Male WIDOWED DIVORCED T February 1, 1962 Caucasian 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Newfoundland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank (n) Pavlisin Viola Louise Bower 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address No Frank Pavlisin attending physician. Same as 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) Not While factory, street, office bldg., etc.) While at work et work (this hospital) attended the deceased from March 29 1962 to April 23 1962, that (We) last saw the deceased alive on April 23, 19.62, and that death occured 2:45AMom the causes and on the date stated above. 22b. DATE April 23, 1962 19 ATTENDING DIRECTOR PHYS. X M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS SCHULANER, LT MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) chmond 4-26-62 Burial Haven Hil 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Virginia MARYLAND Montgomery b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 18 write RURAL end give neerest town) Alexandria 10 days Bethesda a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO X 1000 East Wakefield Drive The Clinical Center Bethesda lk. Md. NAME OF 4. DATE DECEASED OF 1962 Peirce DEATH April pa (Type or print) Grier Hartsell. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH lest birthday) and 5. Male WIDOWED T DIVORCED 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)
Federal
Power Commission
Pennsylvania 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Natural Gas Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME The law reserved attending places are signed by the attending places are signed by the attending places. law requires that the death Stanley Peirce Bertha Keston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record (Yes, no, or unkown) | (Ifyesgivewerordetesofsarvice) remova The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Arrest 5-20 min. IMMEDIATE CAUSE (a) DUE TO Acute Myocardial infarction any, which 20 min. gave rise to immediate cause Hypertensive Cardiovascular disease with (a), steting the underlying FSICA hospital on s certificate has see as the br Congestive Heart Failure PHYSICIAN: the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 1 (Stata) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 1862 to April 12, 1962, that ((we) last 21. I certify that 1) (this hospital) attended the deceased from April 2 22b. DATE SIGNED ATTENDING PHYS. X DIRECTOR PHYS. April 13 The Clinical Center, National 22d. ADDRESS NAME (Type) Eyerman, M.D. Institutes of Health, Bethesda 14, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0.58 Lee's Crematorium Washington. D.C. Cremation 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) arthur S. Kraus Home. Alexandria, Va. DATE 15M 9/60

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June 5. 1903

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Should TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 hodesth. Page has been so and by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and completely fill in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. STATE b. COUNTY										
38	MONTGOMERY MARYLAND	e. STATE MARYLAND HOWARD										
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)										
	OLNEY 40 DAYS	CLARKSVILLE 1.3x.2										
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?										
	MONTGOMERY GENERAL HOSPITAL	YES NO										
3	NAME OF GOLI I da Middle	Last 4. DATE Month Dey Yeer OF										
	(Type or print) GOLULE BELL	PICKETT 4-24-62 19										
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.										
	FEMALE WHITE WIDOWED DIVORCED	NXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
	Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?										
	HOUSEKEEPER	MARYLAND U. S. A.										
1.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
1	FRANK KEEFER	LYDI# SHRINER										
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If	INFORMANT Address										
1	(II) yosgivowerordalosorsorvice)	HOSPITAL RECORDS										
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH										
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) CHOLENIC NEPHROSIS, XXXX											
	157 Y DUE TO											
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	(a), steling the underlying DUE TO											
1,	couse lest. (c) CARCINOMA PANCRE	AS HEAD TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY										
Q P	PART II. OTREK SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?										
V V	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	YES NO										
CERTIFICATION		. (Enter nature of injury in ren) of ren ii of nem 10-7										
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)										
E M	Hour e.m. While Not While factory, streat, office bidg., atc.)											
	21. I certify that (I) (this hospital) attended the deceased from	3.15 1905 to 7.21 1905, that (I) (we) last										
	1174 15	death occured at										
	22e, SIGNATURE	22b. OATE										
	a than	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. A 25 62 SIGNED										
	22. PHYSICIANIS	22d. ADDRESS										
	NAME (Type CHARLES S. WHITAKER, M.D.	CLARKSVILLE, MARYLAND										
2	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)										
	Dupla! 4-27-1962 Ebenezer	Cometery Winfield, MARY AND										
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. RIC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE										
	C.M. Waltz, Box 241, Sykesui	1/e, Md, DATE MAY 1 162 arthur & Krous										
L	- Motorall Shot or All Advisor	110/11/10/10 T										

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 04860 Reg. Dist. No . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND ero. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest/fown) d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF Middle 4. DATE OF Month DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years letely lost birthdoy) Manths Days Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) puo bon requires that the death certificate be offe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Teb INFORMAN Address 16. SOCIAL SECURITY NO 9912 Woodland Dr. ottending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] ONSE AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilions, if ony, which (b) gned gove rise to immediale DUE TO couse (a), stating the underpuo lying couse last. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? removal NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work 2that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at. 3:55 M. fram the causes and an the date stated above. ACTUAL SIGNATURE noy be retaine FUNERAL DIX D. 3 should PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE Chilling S. Have (Stote)

0 VS A15 (4) 15M 9/S8

NAME (Type) 220. BURIAL, CREMATION,

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Residence bafore admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata timits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest writa RURAL and give nearest town) Nev d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, e. IS RESIDENCE ON A FARM? rooke YES NO TO NAME OF paper 72 DATE DECEASED OF DEATH (Type or print) within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours WIDOWED N 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME unknown Casimir Polek 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknown) | (Ifyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: dan IMMEDIATE CAUSE (a) DUE TO if any, which gave rise to immediate causa DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY as 0 PERFORMED? vascu YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m 34 1962, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 4.1.18... 23 19.62, and that death occured at 3 saw the deceased alive on..... from the causes and on the date stated above; 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PURTONS Spencer. E 23c. NAME OF CEMETERY OF CREMATORY 23d_ LOCATION (City, town of county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) arthur & Thouse

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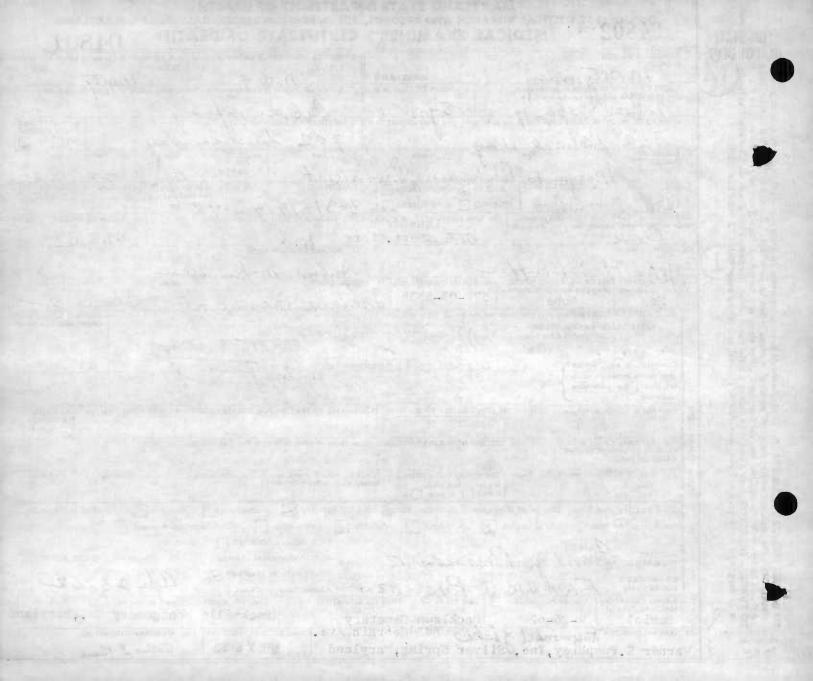
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1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
FOR STATE	04802 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04	1801
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h. If a so the s	(Type or print) Margaret Richardon (resultent DEATH Of 2.	2 1962
音の七生物	5. SEX 6. CO OR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In 1967) IF UNDER 1 YEAR	
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E E	15/ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
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D = D =	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
0 7 0 1 10	IMMEDIATE CAUSE (6) Acute cardiac failure	
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should 's Offic a buria	Conditions, if eny, which (b) Coronary thrombosis	sudden
ding's as a ser's	(e), sletting the underlying DUE TO	
8 2.5 5 0	cause last. (c)	
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	<u> </u>	YES NO
9 9 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	
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Chigage to b	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) (County)	(Stelle)
_ 60 0	p.m. 19 et work et work	
1 0 0 0 g	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . an	nd in my opinion
DICAI arded RECT agent,	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
DIC	CHIEF MEDICAL EXAMINER	
MEDIO forward forward L DIRE	SIGNATURE THENK Q BUSINES M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
San San	DEPLITY MEDICAL EXAMINED [7]	,
VIY VICECUITY VI	EXAMINER'S FRANK J. BLOSCHZLY Address (Street, city, town, or county) Up 23	-62
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stelle)
0 2409	Burial 4-26-62 Parklawn Cemetery Rockville Montgomery	Co., Marylan
NE VIEWE (P)	23. FUNERAL DIRECTOR Parment (9 isks ADDRESS 34 Georgia Ave . 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA	ATURE
VS. A1SME 5M 9/60	Warner E. Pumphrey, Inc. Silver Spring, Maryland DATE MPR 26'62 Quellun 2. Ku	Mag A



TO HOSPITAL OR AIL DING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death. Page may be need by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifth in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. If I and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04802 04802

1. PLACE OF DEATH •. COUNTY								
				2. USUAL RESID	ENCE (Whare dece	b. COUNT		ce before edmission
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b. CITY OR TOWN (if	outside corporate limits,	c. Li	ENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside corpora	te limits, write	RURAL and give	neerest town)
Bethesda	give neerest town)		45 days	52 Ohore	Chago			
	AL OR INSTITUTION (if not	t in hospital o		d. STREET ADDR	y Chase			e. IS RESIDEN
		i iii iioapiioi, g	1140 311001 0441033)					ON A FARA
	al Hospital				ling Road			YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Aller	n	Ingram	PRICE	DEATH	Apr	il 11	19 62
5. SEX	6. COLOR OR RACE 7. A	MARRIED TO	NEVER MARRIED	B. DATE OF BIRTH			F UNDER 1 YEAR	IF UNDER 24 HR
		-	_	v 25 2	905		Months Deys	Hours Min.
Male	- Conditions Toris	IDOWED _	DIVORCED [May 15, 1	-//	6 утв.	1 10 CITIZENI C	F WHAT COUNT
done during most of work		106. KIND OI	BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	ounty & Stete, or for	eign country)	12. CITIZEN C	OF WHAT COUNT
Retired Nav	al Officer			Ohi	0		USA	
3. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME			
Towns Audin	en ou Deel oo			Emil 1 = 0	ombando Di	00013		
James Ander	SON Price R IN U.S. ARMED FORCES?	2 16 SOCIA	AL SECURITY NO. 1. 17	INFORMANT	ertrude Bi	LSSELL		_
(Yes, no, or unkown) (H	yes give wer or detes of servic	(e)	L SECORIT NO. 17.	are ourself		Addiess		
Yes			V	life: Mrs.	Elizabeth	A. Pric	e, Same	as #2
18. CAUSE OF DI	EATH (Enter only one caus	se per line for	(e), (b), end (c).]				I IN	TERVAL BETWEEN
	MAS CAUSED BY:	Con	fluent Lobu	lar pneumo	nia		O.	ASEL AND DEATH
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEALTH DEPT. 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY MARYLAND ANTGOMER Amits, write RURAL and give naerast town) ON A FARM? YES NO 3. NAME OF Middle Month Day DECEASED DEATH (Type or print) AGE (In years 6. COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER 24 HRS. I IF UNDER 1 YEAR last birthday) Months 5 mil WIDO WED V DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME pages | PM3. EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes, no ar unkown) | (If yes give war or detes of service) Sharman-same Mrs. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) oronary. melale DUF TO Conditions, if eny, which geve rise to Immediate cause DUE TO (a), stetling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 2 NO Y previous Cormany desene 200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Pert II of item 18.) CAUSE OF DEATH. 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! (County) (State) fectory, street, office bldg., etc.) While Not While at work at work OR: Inspection K 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry V and in my opinion forwarded t death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated should be for FUNERAL 1 DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY WJELD M Addrass (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Q40 P Auburn. Burial New York 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey, Bethesda, Maryland VS. A15ME arthur & Kraus 5M 9/60

Achort A. Samphrey, Schiegito, Maryland A. Freder

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Montgomerv MARYLAND Marvland Montgomery

b. CITY OR TOWN (if ourside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Brookmont Brookmont d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO CO Broad Street 6330 Broad Street 3. NAME OF DATE Middle Month Yanı DECEASED OF (Type or print) DEATH April 19 Ramsev Tohn 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit last birthdey) 68 WIDOWED DIVORCED 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 2 form PM3. Page done during most of working life, even if retired) USA North Carolina Draftsman pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John S. Ramsey Mary Henderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. ! (Yes, no, or unkown) | (If yes give wer or dates of service) with any Office along with Edith Ramsey-Wife-same 2d 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Coronary occlusion IMMEDIATE CAUSE (a) DUE TO pluods Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying SE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO N YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ' 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 0 and in my opinion MEDICAL death resulted from: Natural causes Accident Suicide Homicide Undetermined manner be forward.
DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Broschart Address (Streat, city, town, or county) DE BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) g 40 Knox County Kentuc 23. FUNERAL DIRECTOR VS. A15ME Pumphrey. Bethesda, Maryland arthur S. Thous 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before edmission) is ne. director. P. vour files. a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET 0 ON A FARM? 4 YES NO-3. NAME OF First Middla Last 4. DATE Day Month Year DECEASED OF 1962 DEATH (Type or print) with 9. AGE (In years IF UNDER 1 YEAR | Months | Dave IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER ARRIED 2 wit Doys Hours WIDOWED DIVORCED hin 24 hours. Give Pages 1, 2, and PM3 Dege 5 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired 13. FATHER'S NAME MOTHER'S MAIDEN NAME INFORMANT 16. SOCIAL SECURITY NO. 17. Address permit. (Yas, no, or unkown) (If yes give wer or detes of service) in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN Office along burial-transit r ONSET AND DEATH PART I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (e) å DUE TO removal This certificate should Conditions, if any, which (b) geva rise to immediate cause rg "pending DUE TO (a), steting the underlying SES Examiner ò pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 3 writing the word NO Medical 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) should 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MINER: certificare, arded to the Chie, arded to the Chie, artOR: Page 3 sh CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (Stata) fectory, street, office bldg., etc.) While Not While WEDI Hour e.m. et work af work DIRECTOR: to the certificate forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📈 Inquiry M and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** ease ex NAME (Type) Address (Street, city, town, or county) DEP 22c. NAME OF CEMETERY OR CREMATION 22d. LOCATION (City 22a. BURIAL, CREMATION. (State) arling 040 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Circhay L. Marie 5M 9/60

AND AND THE PERSON OF THE PERS 4-27-62 tillington het met and the forest of and which A DECK ALL SEE LAND SERVICE

TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE A MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Dontgomery MARYLAND Lelumpie b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write-RURAL and give nearest town) days Jashin d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS IS RESIDENCE YES NO 4. DATE NAME OF Month Dey Middle DECEASED OF (Type or print) DEATH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In Veers last hirthdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHE ACE (County & Stele, or to an country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S. A Teacher Lennesce 13. FATHER'S NAME MOTHER'S MAIDEN NAME = Donelson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give wer or detes of service) Home 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Dey, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 19. 1962, that (I) (we) last 1957 10. A419 a. 2., and that death occurred at S....AM, from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)

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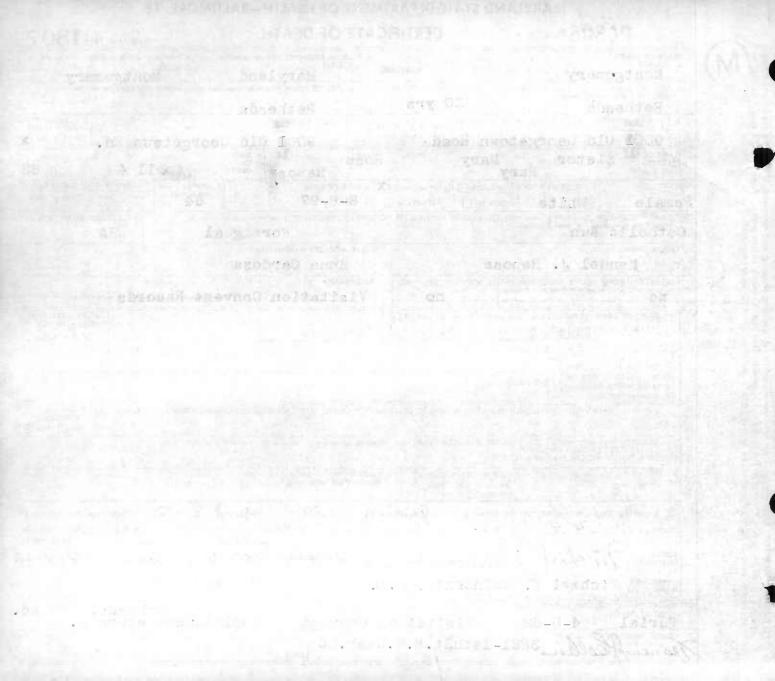
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



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VR A15 (4) 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Montgomery of MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Rural-Rockville 3yrs.llmos Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 20th YES NO X Waverley Sanitarium St DATE Middle Dey Year DECEASED 19 62 April 18 TROTMAN RICHARDSON DEATH (Type or print) BHILE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Female WIDOWED TO DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) USA House 14. MOTHER'S MAIDEN NAME

3. NAME OF 5. SEX 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME John Calvin Marv Elizabeth Harrell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service Stanley P. Richardson Same ag 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e. DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO L YES I 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f, (City or town) (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from... and that death occured at 9......M, from the19.6 causes and on the date stated above, saw the deceased alive on. SIGNATU 22b. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. PHY5. M.D. 22d. ADDRESS 22c. PH E. Marland, Sr. 16th St., N.W., Wash., D.C. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Washington, B. C. Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Joseph Gawler Sons DATE 4PR 2 3 '62 Circhus & Krauts Pa., Ave.,

Remai-Registrile Swrm.liges Sichhamaten Standard State Sta Howell Stadests grad John Calvin Wrote an Studies 2 ec exec monthson S relate Albert W. Warland, Sn. Will lith St., W. W., wash., D.C.

TO HOSPITAL OR AT NDING PHYSICIAN: The law requires mar me death connected may be med by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Per 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY Montgomery MARYLAND					2. USUAL RESIDENCE (Where deceased lived, If institution, ledidoc led edimission a. STATE Maryland b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)						
	(il outside corporata limits ad give nearest town) ad	, с.	LENGTH OF STAY IN		or town (2.5	porate limits, writ	e RURAL end s	give neerest to	wn)	
d. NAME OF HOSP 12802 H		eet address 02 Hat	haway	Drive		10	e. IS RESIDENCE ON A FARM? YES NOXX				
3. NAME OF DECEASED (Type or print)	First		Mae Mae	Ril	est OV	4. DATE OF DEATE	Mont		Dey Ye	0.0	
5. SEX female	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y	- 12	ER 24 HRS.	
10a. USUAL OCCUPA done during most of w	TION (Give kind of work vorking life, exen if refired usewife	1	OF BUSINESS OR IND Home	→)			82 yrs.	12. CITIZ	EN OF WHAT	COUNTRY?	
13. FATHER'S NAME Geor	ge Reeves	RE US		14. MOTH	ier's maiden	Thoma	as				
	VER IN U.S. ARMED FORG		CIAL SECURITY NO.	Idamae		tt Wi	Address neaton,				
Conditions, if an gave rise to immediate (e), stating the cause last.	diete cause underlying DUE TO	Abdom	ic Insuf inal Car Bropsy Pr	cinomat ROVEO)	cosis,				1 we	ek s. +	
ІСАПО	ER SIGNIFICANT CONDIT							VEN IN PART 1	(e) 19. WAS PERF YES	ORMED?	
	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		BE HOW INJURY OCC					10		/51-1-1	
ZOc. TIME OF INJ Hour e.m. p.m.	. 19	While et work	Not While et work	factory, street, o	ffice bldg., et	c.)	ty or town)	(Count		(Stete)	
21. I certify saw the decea 22e. SIGNATURE 22c. PHYSICIAN NAME (Typ	that (I) (this hospit ased alive on	16-62 160 Haberl	in, M.D.	M.D. ATTER PHYS. 22d.	ADDRESS Spring	MED. DIRECTOR		lver S	e date stat	ed above. 2b. DATE SIGNED	
24 FUNERAL DIRECTO		Hyatt	sville, M	/dd.	25s, RE	APR 2 5		GISTRAR'S SI			

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TO HOSPITY. OR ALL DING PHYSICIAN: The law requires that the death certificate be executed within 24 hogher death. Part it may be need by the hospital or attending physician.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTI

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04811 CERTIFICATE OF DEATH

	OF DEATH				11 :	2. USUAL RESID	ENCE (W	here de	eceased tived, If	institution	Residen	ce before	edmission)	
	A. COUNTY MONTGOMERY MARYLAND						e. STATE b. COUNTY							
		* * * * * * * * * * * * * * * * * * * *				MARYLA				TGOME			-1	
b. CITY	a RURAL end give	ide corporate limits, nearest town)		c. LENGTH OF STAY IN	110	c. CITY OR TOW	YN (It outsid	le corp	orate limits, write	KUKAL e	na give	nearest tov	wn)	
OLI	NEY			4 DAYS		DL SILVE	ER SPR	ING						
d. NAM	AE OF HOSPITAL C	R INSTITUTION (H	not in hosp	oitel, give street address)		d. STREET ADDR	ESS						ESIDENCE	
		GENERAL	Hospi	ITAL		13001	LAYHI	LL	ROAD				A FARM?	
3. NAME DECEA		First		Middle		Last	4. D.		Month	1	Day	Yes	Nr.	
(Typa or	r print)	ROSALIE		NMN		ROBEY		EATH	MPRIL		27		62	
5. SEX	6. 0	COLOR OR RACE 7	. MARRIED	NEVER MARRIED] B.	DATE OF BIRTH		9	. AGE (In years last birthday)				R 24 HRS.	
FEM	IALE	WHITE	WIDOWE	DIVORCED [1	6-16-29			32 yrs.	Months	Days	Hours	Min.	
10a. USUA	AL OCCUPATION (ND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (C	County & St	ate, or		12. C	ITIZEN O	F WHAT	COUNTRY	
1.1	OUSEWIFE	me, even a jenied,		-		MARYLAN	l D			11	MITT	D ST	4750	
13. FATHE			-		1 1	4. MOTHER'S MAIL					IN.I.LE	n 31	MIES.	
	RNEST W.	ROBEY				ALBERT		ENZ	IE					
		U.S. ARMED FORCE		SOCIAL SECURITY NO.	17. IN	FORMANT			Address					
		ive wer or detes of ser	vice)			-								
NO				JNKNOWN	Ho	SPITAL RE	ECORDS				1. 15 00	******	MA CHEAT	
			ause per li	ne for (e), (b), and (c).)	1							ERVAL BE		
P	PART I. DEATH WA	S CAUSED BY: DIATE CAUSE (a)	+	URION	TI	nvitic						1 m	200	
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6 111				thouse	4							ZV	on	
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cause	last.	(c)	-	y gamoed	YX C	anduic	· 17	V	CKALY		1) V	~~	
Z PA	ART II. OTHER SIGN	NIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BL	JT NOT	RELATED TO THE TE	RMINAL D	EASE	CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS		
5								1				-	ORMED?	
5												YES	но 📗	
OP. CO	CCIDENT WAS UNTRIBUTING CA	AUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URED. (Enter netura ol injur	y in Pert I o	r Part I	I of item 1B.)					
₹ 20c. I	TIME OF INJURY	Month, Dey, Yeer	1 20d. I	NJURY OCCURRED 20e	, PLACE	OF INJURY (Home,	, farm, ' 201	. (City	y or town)	(Co	ounty)	-	(State)	
0	Hour a.m.	19	While et worl	Not While		y, street, office bldg.								
	F-4	/I) /4h:- h	1) -11	led the deceased fr	A	PRIL 23	LaG/Z	10	APRIL 2	7 10	0 62	(I) ted	(wa) las	
21.	certify mar	(I) (Ints notbita	arrend	ged the deceased th	om		11.70							
saw	the deceased a	alive on	(6)	1962, and	that c	leath occured a	WC. i. I. I te	fron	n the causes	and on	the di			
22e. :	SIGNATURE (101	X	N		ATTENDING	MED.		STAFF	1	1	122	A SIGNED	
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1	NAME (Type)	Liona	M D								-			
-		LIGDN,		1					MARYLA					
23a. BUNN	AL, CREMATION,	23b. DATE THERE	OF 2	23c. NAME OF CEMET	TERY OF	METER)	9 234	MA	ATION (City, to	VLLE	nty)	11	ptete)	
24 FUNER	AL DIRECTOR'S SI	CHATLIBE		ADDRESS		250	REC'D BY	REGIS	TRAR 2Sb. RE	GISTRAR	SIGNA	TURE		
Z4 FUNER	I DIRECTOR SI	AMA M	. 6	A - FOLLOW	500	1 14		WE GIS		arthur				
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VARON . WITROURS

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Montgomery Maryland Montgomery the 12 MARYLAND b. CITY OR TOWN (if outside corporate limits, 0 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) Rockville = Rockville vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1004 Crawford Drive YES NO 1004 Crawford Dri va mpletely executed 3. NAME OF 4. DATE Middle Last Month Day Year paper n 72 l DECEASED OF (Type or print) DEATH (Mammie 23 19 6 MSDU and cor 00 withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Months Min. Hours Female WIDOWED DIVORCED physician 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Frederick Co. Maryland U.S.A. None Book keeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= attending | Then please and A. Windsor Davis Nora Browning 100 Hourswford Drive 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordatesofservice) Mr. Paul L. Romsburg Rockville, Maryland physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Wreme burial-transit DUE TO Black of weeken affending Conditions, if eny, which (b) gave rise to immediate ceuse DUE TO (e), steting the underlying certificate has ceuse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 95 NO 2Da, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH d by the After this (IF EITHER, NOTIFY MEDICAL EXAMINER defached WEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. ō et work et work may be r. DIRECTOR ... 19. 6.2, and that death occured at ... Ifrom the causes and on the date stated above. 70 saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF SIGNED 3 PHYS. DIRECTOR PHYS. death. Pag M.D. page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Rockville, Maryland Jones Center rector, or, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, Iown or county) (Stete) REMOVAL (Specify) 青雪 Burial Mt. Olivet Cemetery Frederick, Maryland ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATU VR A15 (4) Circher S. Firms Frederick, Maryland DATE MAY 2 15M 9/60 Son

MARYLAND STATE DEPARTMENT OF HEALTH

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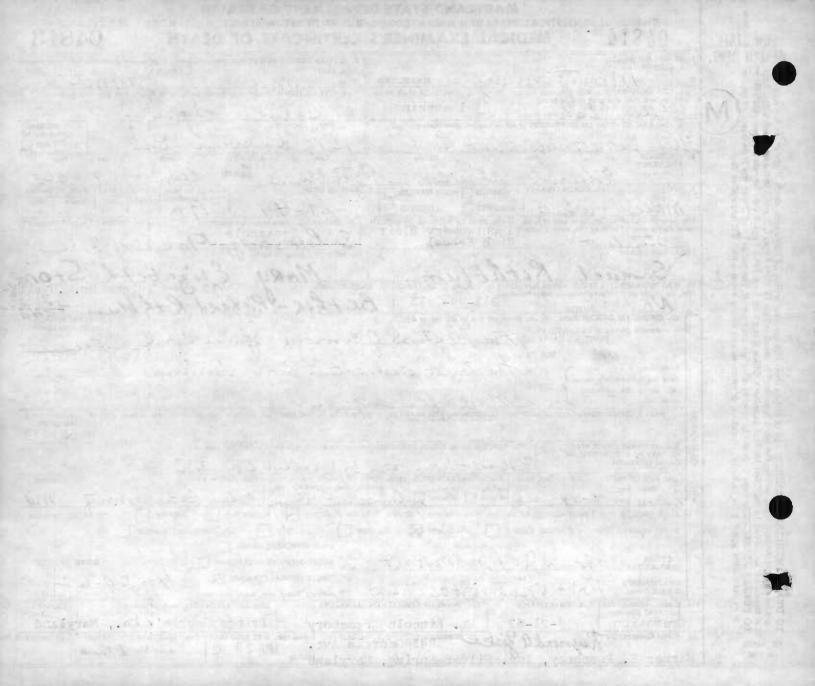
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77		. NAME OF HOSP	BURBAN HOSPT		pital, give street	eddress)	d. STRI	8908	MONTGO	MERY AV	Ε.	ON	RESIDENCE A FARM?
		NAME OF DECEASED (Type or print)	First	1111	Midd F.		NSKI	st	4. DATE OF DEATH	APRTL	De De		
	5.	SEX MALE	6. COLOR OR RACE	7. MARRIE		ARRIED	10/23/	69 68	9.	AGE (In yeers last birthdey) 93 yrs.	Months Deys	R IF UNDE	Min.
	do	USUAL OCCUPA THE during most of w RETIRED FATHER'S NAME Carl Ro			ind of Busines	NKER.	GER	MANY ER'S MAIDEN		foreign country)	12. CITIZEN	S.A.	COUNTRY
	15. (Ye	WAS DECEASED E	VER IN U.S. ARMED FOR (If yes give we rordetes of se	rvice)	SOCIAL SECUR		INFORMAN	IT	aughter	Address	.Capito	l St.	D.C.
		Conditions, if engeve risa to immedia), stating that ceuse lest.	diete ceuse underlying DUE TO	In Th	fere hould	hon	sel	erro	in.)fee, f senferi	c AR	eng &	34
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	L CERTIFI	OR CONTRIBUTING	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW IN:								
	MEDICAL	20c. TIME OF INJ Hour a.m. p.m.	None 19	While et wor	k .at-work	fac	tory, street, of	RY (Home, farr fica bldg., etc	:.)		(County)		(State)
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		226. SIGNATURE		nlu	om	,	A.D. ATTEN	300	MED. DIRECTOR	STAFF PHYS.	9	1/14/6	SIGNE
1		22c. PHYSICIAN'		Ul.	mhan		50	75	Comm	Ave	Chen	Cha	se li
	23a	BURIAL, CREMA REMOVAL (Specify BURIAL	TION, 23b. DATE THER	F62	_	MARY	OR OREMAI		KA	SH. K	20.		(State)
)	24	FUNERAL DIRECTO	or's signature	ne :	3605	ran i	J.C.	DATE A			orthun S. H		

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE **HEALTH DEPT.** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) director. Page or your files. e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside of porete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 (If outside corporete limits, write RURAL and give nearest town) evening chr d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Month S Year DECEASED OF (Type or print) DEATH 1967 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In sears | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY Pages 1, Z 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Montgomery Blair High Schoo pages PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. | 17. (Yes, no, or, unkown) | (If yes give wer or detes of service) 213-44-7472 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Sudshi DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cremation, o cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical YES NO plnods 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. e 3 2Dd. INJURY OCCURRED 20e. PLACE OF NURY (Home, farm, while Not While factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stete) 0 While prior 1942 et work et work Limsen DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry and in my opinion pep death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER lease exclute should be for DATE SIGNED designat SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) HS 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g Ft. Lincoln Crematory Prince George's Co., Maryland Cremation 4-21-62 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 8434Georgia Ave APR 2 3 '62 Cirthur & thous 5M 9/60 Pumphrey. Infe Silver Spring MarylandDATE



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Montgomery New Jersev MARYLAND the 12 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and by write RURAL and give nearest town) 15 days Bethesda Glen Rock d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hour YES NO The Clinical Center, Bethesda 14, Md. 150 Fairmont Avenue completely 3. NAME OF 4. DATE Day Month Year 72 DECEASED OF Harvey (No middle name) Rowitz 19 62 (Type or print) DEATH 10 April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) and Months Male White WIDOWED [DIVORCED 14 June 1928 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Attorney Law New Jersev 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding 2 Irving Rowitz Rose Grobart pleand 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes po, or unkown) (Ifyes givawaror dates of service) The Clinical Center, Bethesda 14, Maryland ng physician. signed by th 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN 1 hr. 35 min PART I. DEATH WAS CAUSED BY: Cardiac Arrest IMMEDIATE CAUSE (a) DUE TO Wegener's Granulomatosis 8호 months has been s ne burial-tra Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work March 26 21. I certify that (this hospital) attended the deceased from. saw the deceased alive on April 22b. DATE 22a. SIGNA URI PHYS. X April 10, 1962 GNED ATTENDING DIRECTOR PHYS. page 22d. ADDRESS The Clinical Center, National HOSPI Seath. Pr 22c. PHYSICIAN'S NAME (Type) Thomas R. Cate. M.D. Institutes of Health, Bethesda 14. Md. ector, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY April 12, Cedar Park Cemetery Emerson. N.J. 0 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIBECTOR'S AGNATURE VR A15 (4) wohn L. Thomas 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH/DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) pwrite RURAL and give rearest town) 0 0 d. NAME OF HOSPITAL OR INSTITUT d. STREET ADDRESS e. IS RESIDENCE ON (if not in hospital, give street dress) ON A FARM? YES NO V State the fune NAME OF Middle Day DECEASED OF (Type or print) DEATH 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | last birth ay) | Months | Days 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 2, and 3 5 may nd 2 with Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 rm PM3. Pag 5 6 pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Savinia May Jenkins File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. | 17. INFORMANT Address. (Yes, naror unkown) | (If yes give war or detes of service) permit. None with any 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (e) Office burial-t DUE TO removal pinous Conditions, if any, which (b) geve rise to Immediate cause "pending" Examiner's DUE TO 95 (a), stating the underlying cremation, or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? the word d b NO shoule 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the C. Page 3 > writing t MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work | et work prior 하하다 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion please execute the certific 4 should be forwarded to FUNERAL DIRECTO or its designated agent, p death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 1962 16 Parklawn 240 g Rockville Md. 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Laytonsville. VS. AISME DATE SM 9/60

STATE DEPARTMENT OF HEALTH

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FOR STATE ctor. Page files. please execute the certificate, writing the word "hending" in penal in Item 18. Give Pages 5, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. AMINER: This certificate should be executed within 24 hours after death. If any delay TO DEPUTY

VS. A15ME 5M 9/60

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Pivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OARS 04816

a. COUNTY		ESIDENCE (Where decessed		lence before edmission)
Montagner	MARYLAND 0. STATE	D.	MONTG	OMERY
	TH OF STAY IN 16 c. CITY O	TOWN (If outside corporate lin		ve neerest town)
write RURAL and give nearest town	AA 304. 914	VER SPRI	NG 24	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give			of 1	I e. IS RESIDENCE
	840	1 1/10 - 1 15	no.El	ON A FARM?
Surturban Hosp.	1 0 1 -		. 1	YES NO NO
3. NAME OF First DECEASED	Middle Last	4. DATE OF	Month Di	y Year
(Type or print)	O KYAN	DEATH	4.8	- 1962
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13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S	ECURITY NO. 17. INFORMANT	ing weres.	Address	
(Yes, no, or unknown) (If yes give vistor detes of service)	23271 0	1 () ()	1	_
	" coa"	Jan (wyl)	Hen	2
18. CAUSE OF DEATH [Enter only ona cause per line for (e)	(b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ray Occlus	u.		suddling
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3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY O	for h h h 100	Home, farm, 20f. (City or tow	n) (County)	(Stata)
Hour a.m. While Not	While factory, street, offica	piag., aic.)		
21. I certify that I took charge of the remains de	scribed above, held an Autops	y , Inspection ,	Inquiry X, a	nd in my opinion
death resulted from: Natural causes X. Acci	dent , Suicide , H		nined manner	
	CHIEF	MEDICAL EXAMINER		
ACTUAL TO 1 1 13		TANT MEDICAL EXAMINER		DATE SIGNED
SIGNATURE THE STATE OF THE STAT	M.D.	_		
EXAMINER'S FIRMAK T BAC	, ,	Y MEDICAL EXAMINER SS (Street, city, town, or county)	4-8-	62
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Maryland Montgomery CIDCO MARTLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest fown) write RURAL and give neerest town) Newborn Bethesda (Rural Brentwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 4508 39th Street YES NO X U. S. Naval Hospital 3. NAME OF 4. DATE Month DECEASED (N OF DEATH (Type or print) April 20, 19 62 Rzasa 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) CaucasianWIDOWED DIVORCED April 20. Male 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Bethesda, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FLORENCE V. BIEDZYNSKI Anthony Joseph Rzasa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Ad dress (Yes, no, or unkown) | (If yes give we ror detes of service) SAME AS ABOVE ANTHONY J. RZASA INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: leo netorium IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. ION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work n.m. 21. I certify that M (this hospital) attended the deceased from...20...April......, 1962, to.20...April......, 1962., that M) (we) last saw the deceased alive on 20 April 19.62, and that death occured at 1112, AMm the causes and on the date stated above. 22b. DATE SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. XX 22d. ADDRESS 22c. PHYSICIAN'S Goodwin, LT MC USN NAVAL HOSPITAL, BETHESDA, MARYLAND 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Virginia Arlington National Arlington Buria 1 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE 517 lith St. Washington, D.C. DATEAPR 2 4 160 arthur & Krous Chambers

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HH	0	24	FUNERAL DIRECTOR'S SIGNATURE Super Theeles ADDRESS Montgomery Ave. 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	'S SIGNATURE
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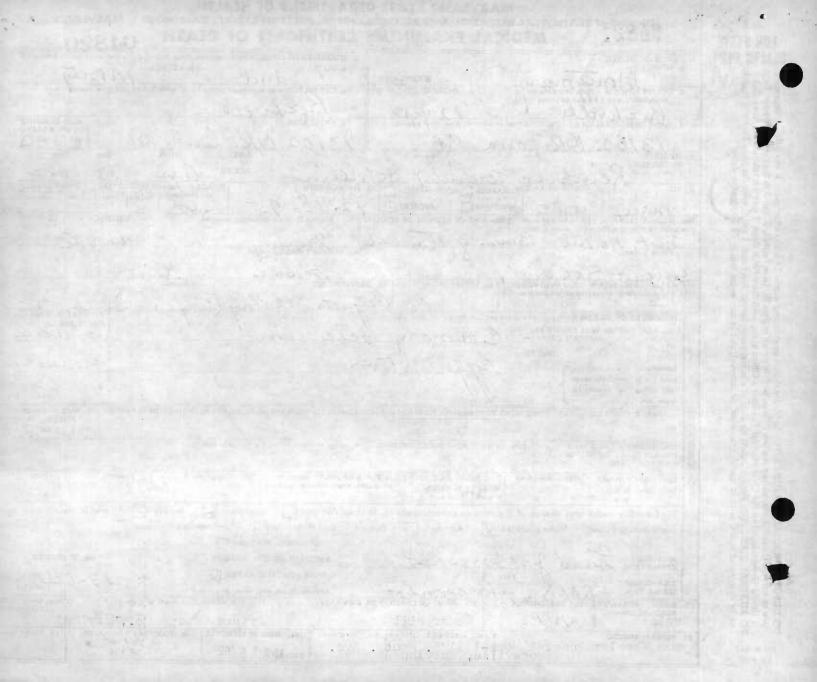
of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY & a. STATE b. COUNTY Page director, Page MARYLAND b. CITY OR c. LENGTH OF STAY IN 1b rest town) write RURAL and give neers T (if not in hospitel, dive stre a. IS RESIDENCE for Boar ON A FARM? YES NO NAME OF Middle Day Yeer DECEASED OF hin 24 hours after death. If a Give Pages 1, 2, and 3 to the the DEATH (Type or print) 1962 9. AGE (In fears IF UNDER 1 FEAR last birridey) Months Days with IF UNDER 24 HRS. 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF may 5 may od 2 wi Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page 1 and 72 during most of working life, even if retired) PMS Pages 14. MOTHER'S MAIDEN NAME 16. SOCIAL CEASED EVER IN U.S. ARMED FORCES? SECURITY NO. 17. INFORMAN (Yes, not of unkown) | (If yes give werer detes of service) AMINER: This certificate should be executed in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN along = ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY pue IMMEDIATE CAUSE (a) Office DUE TO removal, Conditions, if eny, which gave rise to immediata cause "pending" rd S DUE TO (a), steting the underlying Examiner' as 9 nsed cause lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 99 the word NO X Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing age 3 to buri Chief 3 MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. forwarded to the et work et work prior ecute the certificate, DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion MEDICA Undetermined manner Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL designat DEPUTY MEDICAL EXAMINER EXAMINER'S should NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (Stete) 22a, BURIAL, CREMATION DE REMOVAL (Specify) 0 6 240 REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATUR VS. ATSME SM 9/60

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prision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassad lived, If institution: Rasidence before admission) . COUNTY b. COUNTY e. STATE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neares town) ector. write RURAL and give yearast town) o HOSPITAL OR INSTITUTION (if not in hospital, give stre d. STREET ADDRESS ON A FARM? YES NO in pencil in Item 18. Give Pages 1, 2, and 3 to the fund Middla 4. DATE Day DECEASED OF the (Type or print) DEATH 1962 9. AGE (In Jears | IF UNDER 1 YEAR last birthday) Months | Days IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 7. MARRIED A NEVER MARRIED WIDOWED DIVORCED and 72 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY Page done during most of working life, evan if retired pages 1 within 13. FATHER'S NAME 16. SOCIAL SECURITY NO. I INFORMANT (Yes, no or unkown) | (If yas giva war or datas of servide permit. should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN Office along w burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: sudde IMMEDIATE CAUSE (a) DUE TO geve rise to immadiata causa ro S "pending DUE TO (a), stating the undarlying 35 nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? Pe e the certificate, writing the word NO cal pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part 1 or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yaar (County) (State) factory, street, offica bldg., atc.) Whila Not While Hour a.m. the P. P. at work at work forwarded to the L DIRECTOR: Fated agent, prior prior 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inspection 1 Inquiry X and in my opinion Accident Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated DATE SIGNED please execute t 4 should be for IO FUNERAL I ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S TO DEPUT NAME (Typa) Addrass (Streat, city, town, or county) DATE THEREO 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 22b. CEMETERY OR CREMATORY (State) REMOVAL (Specify) 4/16/62 Burlal Cedar Hill Prince George Co., Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR arihur S. Threet Maryland . VS. A15ME

STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) a. COUNTY b. COUNTY the d 2 Montgomery MARYLAND Maryland Montgomery pue b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Kensington Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4512 Saul Road 4512 Saul Road YES NO X mpletely 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH Schofield Marv April 19 62 Agnes and cor carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) WIDOWED DIVORCED 67 yrs. Female 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Fallon Ella Kennan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Henry N. Schofield-Husband-Same 2d No None 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS. GIVEN IN PART 1(e) | 19. WAS AUTOPSY PERFORMED? NO IL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) Month, Dey, Year 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) WED Hour a.m. While Not While et work et work (this hospital) attended the deceased from., the to Ct saw the deceased alive on it and that death occured at M, from the causes and on the date stated above. 22b. DATE ATTENDING PHYS. DIRECTOR PHYS. death. Page 22d, ADDRESS HOSPIT MAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) dir. 0 Burla Heaven Cem. Silver Spring 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR VR A15 (4) 1PR 26 Pumphrey, Bethesda, Maryland 15M 9/60

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FOR STATE HEALTH DEPT ector, Page for your files. TO DEPUTY EDICAL CAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executs the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer ector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any ewfit within 72 hours after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04823 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04822

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1	b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b write RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give pearest town)
	Betherdey DOA	Wheaton
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
	Suburban Hosp	3910 Elly St YES NO A
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	(Type or print) Lester Samuel Sex	The DEATH Open 22 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birth day Months Deys Hours Min.
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	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, ng, or unkown) (Ifyesgive weror detes of service)	VFORMANT Address
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	78. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	ON ON AS INTERVAL BETWEEN ONSET AND DEATH
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		home wheaten minty my
	21. I certify that I took charge of the remains described above, hel	
-	death resulted from: Natural causes , Accident , Suicident	
	ACTUAL A BOOK	CHIEF MEDICAL EXAMINER
Š	SIGNATURE Thank I Immihant	
_	EXAMINER'S FRANK J BAUSCHZI	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 4-23-62
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	burial 4/25/62 Arlington N	Vational Gem. Ft. Myer, Va.
	23. FUNERAL DIRECTOR 2901 14 POPESS St. N.W	
	The S.H. Hines Co. Washington 9, D.	C. DATE APR 2 4 262 Chithur & Kroud

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If Institution; Residence before edmission e. COUNTY b. COUNTY Montgomery Rennselaer MARYLAND New York b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 18 write RURAL end give neerast town) Bethesda davs Hoosick Falls d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Suburban Main Stree 3. NAME OF 4. DATE Day Middle DECEASED OF (Type or print) DEATH Sylvester E. Scott 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months Deys Hours Male WIDOWED -DIVORCED 8 physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & Stete, or foreign country) done during most of working life, even if retired Self-employed U.S.A. New York Lawver attending ph Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Newman Edmind Scott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address oval, (Yes, no, or unkown) | (If yes give wer or detes of service) physician. Falls Rd.-Rockville, N Mrs. Richard Bryant/11831 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH nemote hage, massive IMMEDIATE CAUSE (e) DUE TO Anteriosclerosis, cerebra Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying the ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? 0 NO 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) Not While While et work et work L 15, 1962 that (1) (we) last 19.62 and that death occurred in 23 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATÉ 22e. SIGNATURE MED SIGNED ATTENDING -DIRECTOR PHYS. 22d. ADDRESS HOSPITA path. Page FUNERAI CH HUNTER. 809 Viers Mill Rd. Rockville, Md. JR. (State) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) St. Mary's Cemetery 4-16-62 Hoosick Falls. New York 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Bethesda. VR A15 (4) 15M 9/60 DATE ad & f Kom

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	Division of STATISTICAL RESEARCH AND REC	CORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
FOR STATE	UASED MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH	04004
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50 g	21. I certify that I took charge of the remains described at	bove, Weld an Autopsy	and in my opinion
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY 古り MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) and b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b by write RURAL and give nearest town) LILVER SPRING within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? VUICSING YES NO completely DATE NAME OF Middle Day Month Yeer DECEASED OF HAPIRO (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last_birthday) Months Days Hours WIDOWED IV DIVORCED physician 9 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN, OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dong during most of working life, even if retired) 170USEWIF physician. signed by the attending physician remit. Then please re-14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, of unknwn) | (If yes give wer or dates of service) evo 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: metastatic munths (arcinoma IMMEDIATE CAUSE (e) burial-transit DUE TO arcinoma Conditions, if env. which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n) | 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? NO X use 200. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 19. (1) (we) last, to........7 21. I certify that (I) (this hospital) attended the deceased from.............. saw the deceased alive on 4/114 1962, and that death occured atPM, from the causes and on the date stated above. OR 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. STAFF DIRECTOR PHYS. M.D. page with t HOSPITA Bath. Pag FUNEKA 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 00 ector, filed 23c./NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 5 8 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 arthur & thouse

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 04227 directar 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY filed b. COUNTYMONTGOMERY MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) SILVER SPRING 70 SILVER SPRING d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 PRE 12717 HODDRIDGE NURSING HOME YES NO X NAME OF DECEASED Middle 4. DATE Manth Day Year (Type or print) SUSTE SHEAF APRIL 2 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS completely last birthday) Months Days Hours WIDOWED | DIVORCED | FEMALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo HOUSEWIFE RUSSIA USA after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ROSENBERG MORRIS REBECCA hours INFORMANT 14207 CHATWICK LANE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending plant please rem ROCKVILLE. MARYLAND NO UNKNOWN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. any Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Y 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5 OS WEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) use Hour a.m. While Not while at work at work p. m. 162 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 11 as AM, from the causes and on the dote stated above. alive an the OR: DATE SIGNED ACTUAL Dig P P FUNERAL D PHYSICIAN'S registrar DONALD NELSON. NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) KING MEMORTAL. GARDEN 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR Orthur & Kroue

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) Montgomery a. STATE b. COUNTY MARYLAND Virginia b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Bethesda (rural days Herndon d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 506 Elden St. U.S. Naval Hospital YES NO F 3. NAME OF Middle Last DATE Yee DECEASED OF John Robert SHEMELD APRII 62 (Type or print) DEATH 19 and con carbon at, withir 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (in yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. ast birthday) Months Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Washington.D.C. Marine Officer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John L. SHEMELD Louise JACOBS ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Yes WIFE: KATHERINE SHEMELD. Same as # 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO rteriacleració Conditions, if eny, which geve rise to immediate cause DUE TO bur (e), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 1B.) OF CONTRIBUTING CAUSE OF DEATH WEDICAL 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that XI (this hospitel) attended the deceased from March 19.62 (April 7 19.72, and that death occurred at 1140 fAM the causes and on the date stated above. saw the deceased elive on April 22a. SIGNATURE 22b. DATE April 7,19 62 SIGNED ATTENDING DIRECTOR T PHYS. page with t 22c. PHYSICIAN'S 22d. ADDRESS HAME (Type) JOHN R. WARMOLTS LT MC USN Naval Hospital, Bethesda, Maryl director, be filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ARLINGTON ARLINGTON VIRGINIA Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral the tund 2 should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if ourside corporete limits, Mary land Montgomery Town (If outside corporate limits, write RURAL and diveneral form) by th c. LENGTH OF STAY IN 1b writa RURAL and give neerest town) executed within 24 d. STREET ADDRESS ROCKVIlle Bethesda week d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? YES NO Suburban 3. NAME OF Middle DECEASED SIMMONS DEATH (Type or print) AGE (In years IF UNDER 24 HRS O. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) Months DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOIHERS MAIDIN Rginia please aftending Sarah Elizabeth Simmons 15. WAS DECEASED EVERTINUS, ARMED TORCEST 16. SOCIAL SECURITY NO. Margaret M. Osgood-daughter-same 2d (Yes, no, or unkown) | (If yes give war or detes of service signed by the Baughtancexinsexsansexsonsocxxxxxsmagexagexages 18. CAUSE OF DEATH [Enter only one ceuse per line for ja), (b), and (c) ONSET AND DEATH I. DEATH WAS CAUSED BY days IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Stete) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) While Not While et work et work DIRECTOR: 22e. SIGNATURE MAM SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Howard H. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 는 S Buria Darnestown Cemetery OF Darnestown 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Pumphrey. Bethesda, Maryland Unihay 2 Thouse

ARYLAND STATE DEPARTMENT OF HEALTH

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daggered lived, If institution, Residence before edmission) a. COUNTY b. COUNT MARYLAND b. CITY OR TOWN (if outside comoreta limits, write RURAL end give naares) town) (If outside corporete limits, write RURAL and give naerest town) c. LENGTH OF STAY IN 16 your your OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Month Day DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, everyif retired) ouse Wi PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME page 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil Office alo IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immadiate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? YES NO 1 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of ilam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 200. INJURY OCCURRED | 200. PLACE OF INJURY (Homa, farm, Month, Day, Yaar 20f. (City or town) factory, streat, office bldg., etc.) Whila Not Whila 1962 at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Addrass (Street, city, town, or county) shoul 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stata) Good Hope .. Colesville, Md. 40 0 23. FUMERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Rockville, Md. 5M 9/60 DATE 40R 2 5 '62 Cirlburg & Harris

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04831 04832 CERTIFICATE OF DEATH Reg. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND TONT GOMER b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) hould GERMANTOWN Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MARYLAND YES NO P 3873 Warren St. = 3. NAME OF Middle 4. DATE First Lost Day Year DECEASED Poges (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours DIVORCED | WIDOWED A YES. 10o. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Public Schools 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 450 Elizabeth Wood move John Conperthite 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Veazev St. N. W. D.C. 0 18. CAUSE OF DEATH [Enter only one cause per Jine for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
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	CERTIFICATE OF DEATH	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND OW b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) 2 write RURAL and give-quarast town) oma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lest birthday) and Days Months WIDOWED physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = attending ā (Yas, no, or unkown) | (Ifyesgiva weror detes of service) physician. NO 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c), ONSET AND DEATH DEATH WAS CAUSED BY 30 min IMMEDIATE CAUSE (a) DUE TO Useuse El Myocalda Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SE O PERFORMED? CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from . H.O.g. and that death occured a A.M. from the causes and on the date stated above. saw the deceased alive on. TRE ATTENDING SIGNED PHYS. DIRECTOR PHYS. death. Page 22d. ADDRESS 2/2c. PHYSICIAN'S 230. BURIAL, CREMATION, | 23b 10,1962 0 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Chrima & Thomas

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 33

CERTIFICATE OF DEATH

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1	1. PLACE OF DEATH		2. USUAL RESIDENCE	DE (Where deceased lived, If inst	titution: Residence before admission)				
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	b. CITY OR TOWN (if outside corporate limits,	MARYLAND	Pennsy] va	nia	HDAI				
	write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO N (I	f outside corporate limits, write RI	UKAL and give nearest town)				
	Bethesda	3 Days	Nantar-610		75X·3				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva streat address)	Nanty-Glo		. IS RESIDENCE				
	Mbs 074-4-2 0 1 5 11				YES NO				
	The Clinical Center, Beth	nesda 14, Md	Route #1,	Box_133A					
	DECEASED	Middle	rasi	4. DATE Month	Day Yaar				
	(Type or print) Donald	Richard	Snedden	DEATH April	12 19 62				
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 18	. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.				
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	Auto Body Repairman Ga	arage	Pennsylvan	ia	U.S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1							
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	Yes 1945 - 1947 20		crruncar ce	nter, Bethesda	INTERVAL BETWEEN				
		10 Hours							
	IMMEDIATE CAUSE (8)	PART I. DEATH WAS CAUSED BY: Cardiovascular Collapse							
	DUE TO Stap	DUE TO Staphyloccal Septicemia 16 Hours							
	Conditions, if any, which) (b) Acut	e Renal Failure	e Urate Neph	ropathy	16 Hours				
	gave rise to immediate cause								
	(a), stating the underlying (e Lymphatic Le	ukomi e		3 Weeks				
				NAL DISEASE CONDITION CIVEN					
	E PART II. OTHER SIGNIFICANT CONDITIONS CO.	TRIBOTING TO DEATH BOT NO	A RECAILS TO THE TERMIN	THE DISEASE COMMITTEN GIVEN	PERFORMED?				
1	3				YES NO .				
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	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Home, farm		(County) (Stata)				
	Hour a.m. While		ory, street, office bldg., etc.	.)					
				10 (0) 10 = 0					
	21. I certify that 10 (this hospital) atten	ded the deceased from	April 9	19.62 toApril12	2, 19.62 that M (we) last				
	saw the deceased alive onApril12	219.62, and that	death occured at	M, 46M The causes an	nd on the date stated above				
	22a. SIGNATURE	1.	ATTENDING A	MED. STAFF	22b. DATE				
	Noces &	events "		PHYS. T	4/13/62 LIGNED				
	22c. PHYSICIAN'S		22d. ADDRESS Th	e Clinical Cent	er. National				
	NAME (Type) ROBERT H. LEV	IN, M.D.		of Health, Bet					
	238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)				
	REMOVAL (Specify)	E. U. B. C			unty, Penna.				
	Burial-transit 4-13-62			O'D BY REGISTRAR 256. REGIS					
	ROBERT A. PUMPHREY	ADDRESS Rothorda	14.3						
1	WODERT W. LOLLUKET	Bethesda,	DATE A	R 1 9 '62 Cut	hur & Kraus				

O HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death. Page of the best of the hospital or attending physician.
O FUNERAL STRECTOR: After this certificate has been signed by the attending physician and completely filliving by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

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director, page 3

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
04836	CERTIFICATE	OF DEATH	0483

1. PLACE OF DEATH					institution: Residence before edmission)
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b. CITY OR TOWN (i	f outside corporete limits,	c. LENGTH OF STAY IN 16		Q	RURAL and give neerest town)
Bethesda	give nearast town)	23 Days	Point	Pleasant	8.5 x · 3
	AL OR INSTITUTION (if not in he		d. STREET ADDRESS	And the second s	. IS RESIDENCE
The Alinia	al Conton Both	ondo Il. Md	Pouto	#1 Box 112	YES NO
3. NAME OF	al Center, Beth	Middle	Last	#1, Box 113	
DECEASED (Type or print)	Toolio		Concessions	OF	22. 19 62
5. SEX	Leslie	Charles	Sperow Date of Birth	9. AGE (In yeers	
J. J			July 19, 19	lest hirthdey)	Months Deys Hours Min.
Male 100. USUAL OCCUPATI	White WIDOW				12. CITIZEN OF WHAT COUNTRY?
dona during most of wo	rking life, even if retired)	KIND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	
Student		None	West Vi		U.S.A.
13. FATHER'S NAME	D 0		14. MOTHER'S MAIDEN		
	B. Sperow, Jr.			Y. Gehri	
	ER IN U.S. ARMED FORCES? 16 fyesgivewerordetesofservice)	SOCIAL SECURITY NO. 17.	INFORMANT The	e Medical Récor	ds
NO		None	e Clinical Co	enter, Bethesda	all. Maryland
	EATH [Enter only one cause per	line for (e), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATI	H WAS CAUSED BY: Pulm	onary hemorrhag	re		24 hours
1 201	OUE TO				
Conditions, if any	and the same of th	mbocytopenia			1 month
gave rise to immedi	ete ceusa		THE STATE	CHARLES HARRY	
(e), steting the us	nderiving	e Lymphocytic I	outcomt a		10 months
	SIGNIFICANT CONDITIONS CO			INAL DISEASE CONDITION GIV	L8 months (EN IN PART 1(a)) 19, WAS AUTOPSY
0 1 7 AKI 11. OTTER		71111001111010101111001111	ST RELATED TO THE TERM	HAVE PIOLITICE SOTTOTION OF	PERFORMED?
5	10 10 10 10 10 10 10 10 10 10 10 10 10 1	CONTRACTOR OF COURTS	(F.)	D 1 1 - D 1 1 - C 1 - 1D 1	YES X NO 1
OR CONTRIBUTING	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED). (Enter neture of injury in	rent for ran II of Item Ip.)	
	MEDICAL EXAMINER)				
2Dc. TIME OF INJU	RY Month, Dey, Yeer 20d Whi	1	ACE OF INJURY (Home, fer tory, street, office bldg., et		(County) (State)
	19 et we	ork at work			
21. I certify t	hat X (this hospital) atte	nded the deceased from.	March 30,	19.62 to April 2	22. 196,2hat (X (we) last
saw the deceas	ed alive on April 2	2, 19 62 and that	death occured at 8	:15AMom the causes	and on the date stated above.
22e. SIGNATURE?	17 - 11: 0) ————	A WWF AD IN 100	ALER STATE	22b. DATE
Ka	Hoes AH NO	MA-/ N	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	April 23, 1962
22c. PHYSICIANIS	10-00 T			The Clinical Ce	enter, National
NAME (Type)	Robert H. Le	vin, M.D.			Bethesda 14, Md.
23a. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	wn or county) (Stete)
REMOVAL (Specify) Burial					. A The second s
24 FUNSKAL DIRECTOR		Elmwood Cer	netery	C'D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE
Bogget A	//. (1	etherda, Man	vland/ DATE		arthur & Thank

Limits and working seffective of allert 1 5261 '01 A ML old and the second The state of the s 9707 breligned and senseling to the large and lu our le orrà e in to the i cute , ce tic ou i

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lixed, If institution; Residence before edinission) COUNTY 6. ODURATY MARYLAND remacs C-LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. d. NAME OF HOSPITAL OR INSTITUTION (if not hospitel, give street eddress) EETIADDRESS a. IS RESIDENCE Po ON A FARM? YES NO NAME OF DATE Month 4. DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 may d 2 with last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page File pages And vent within 72 P done during most of working life, even if retired) 21.5.6 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. A MED FORCES?
(Yes, nofforjuntown) | (Ifyesgivawenerdelasofservica) 16. SOCIAL SECURITY NO. in pencil in Item 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN RDIACAND KESPIRATORY FAILURE ONSET AND DEATH Office along burial-transit PART I. DEATH WAS CAUSED BY: SUDDEN IMMEDIATE CAUSE (a) certificate should be ECTROCUTION Conditions, if eny, which geve rise to immediata cause ro DUE TO (e), steting the underlying as Examiner cause fast. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY PERFORMED? 9 ecute the certificate, writing the word NO Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING Ercure earney against Chief 3 forwarded to the Chief 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, While Not While actory street, office bldg., etc.) Month, Dey, Year 20f. (City or town) While Not While prior to et work det work 19/02 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for designat DEPUTY MEDICAL EXAMINER should NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION 22d_ LOCATION (City, town, or country) (State) REMOVAL (Specify) imons (hurch Q40 ö 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE APR 3 0 VS. A15ME 5M 9/60

TEL ZEELE BEN A PERMIT THE STATE OF THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04838

0 2 0 0	0		CERTIFICA	AIL OI DLAI	11		Reg. Dist. N	No.	
1. PLACE OF DEATH a. COUNTY	r GOMERY		MARYLAND	2. USUAL RESIDENCE (V a. STATE		b. COUNTY			ssian)
	(If autside carporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	CONTRACT DO	rate limits, write R	TRUSTE COAL	ALCOHOL: SANS	vn)
RURAL and give I	nearest town)		10 YEARS	43 KENSIN					
	ITAL (If nat in haspital, g	give street		d. STREET ADDRESS	GLON		VV. JF	e. IS RE	SIDENCE A FARM?
10008 CREST	TWOOD ROAD		P. 27 - C. 29	10008 CRES	TWOOD F	ROAD	1, 4		NO
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Man	th	Day	Year
(Type ar print)	MAR	GARET	BORYER	STONER	DEATH	APRIL		6	1962
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YE		
FEMALE	WHITE	WIDOW	ED DIVORCED	JANUARY 31	1925	37 yrs.	Manths Day	ys Haurs	Min
0a. USUAL OCCUPATI	ION (Give kind af wark	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	e ar foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTR
BACTERIO		.	US GOVT	WASHINGT	ON MAR	CINALTY	II.	S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN					
THOMAS	S C GEARY			ANNA	BORYER	2			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT		Add	ress		
NO	(If yes, give war or dates of s	ervice)	NONE DA	NIEL DOUB ST	OMER KE	ENSTROTON	MARYT.A	ND	
S 4			PUTE GASTRI	TIS OURCE	PUENTRIC	CUAR AC	HYCACDIA	NSET AND	AYS
gave rise to cause (a), stating lying cause lost	g the under- DUE TO								
PA PA	RAPLEGIA	a		OSPINAL POL	JOMYE	41775	/EN IN PART 1(o	PERF	ORMED?
OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	n Part I ar Par	t II at item 18.)	0	4	
20c. TIME OF INJU Havr a. m. p. m.		ar 20d. II While at war	Nat while fa	ACE OF INJURY (Hame, for ictary, street, affice bldg., e		or tawn)	(Саип	ity)	(Sta
21. I certify t	that Lattended the	deceas	ed from 4/6/6	, 19, ta	4-7	-6219	that I last s	aw the	deceas
alive an	1/6/62	19	, and that death	accurred at 11:25		the causes an		ate state	d abay
SIGNATURE_	Velus (:	JC	ruggs	M.D. 7/20 a	ISCON	SW H	1E .	4/8/	162
PHYSICIAN'S NAME (Type)	HENRY C SC	CRUGG	S M. D.	BETHESDA	MARYL	AND	,		
22a. BURIAL, CREMATI)F	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCAT	TION (City, town,	or caunty)	(Sto	ate)
REMOVAL (Specify BURIAL	4-10-62		REST HAVEN C	EMETERY	HAGER	STOWN MA	RYLAND		
23 PUNERA DIRECTO		/	ADDRESS		C'D BY REGIST		STRAR'S SIGNA	TURE	

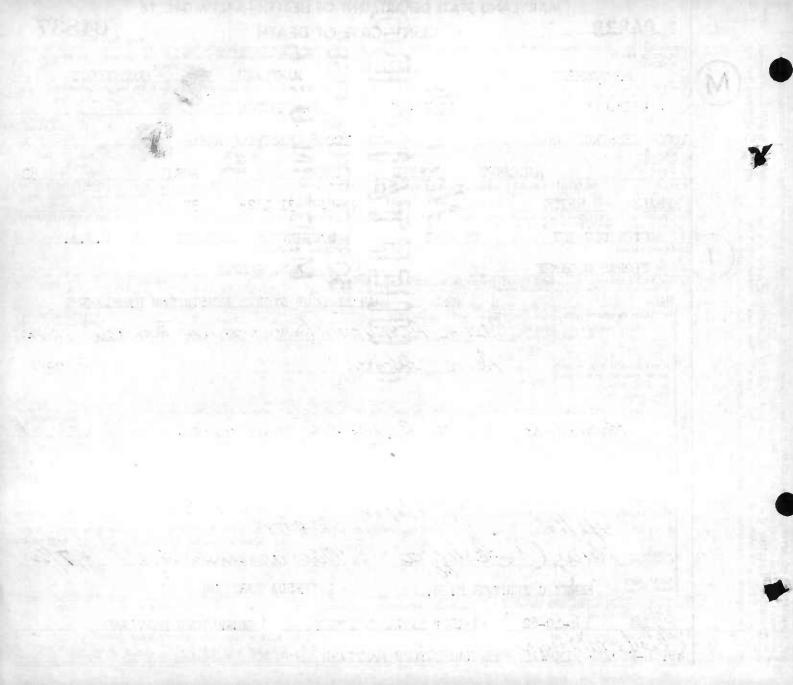
DATE APR 1 0 '62

arthur S. Huma

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requires that the death certificate be executed within 24 hours ofter death ottending physicion and completely fille remove carbon popers. ofter death

poge 3 should be detoched for use . DIRECTOR: After this



The state of the s The company of the second of t THE STREET STREE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) 1 Month Chevy Chase Bethesda (Rural within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital 4017 Oliver Street YES NO 3. NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH HAZEL RALSTON STRUBLE 1962 APRIT. 19, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED July 22 Caucasian Female 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) attending physicia Then please removival, and in any ev 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) USA Housewife Oregon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lonner Owen RALSTON Ada K. JOHNS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT oval. Address (Yes, no, or unkown) | (If yes give wer or dates of service) the Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY CERTIFICATION EREORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that XI) (this hospital) attended the deceased from March 19......, 19.62 to April 19...., 19.62, that (X (we) last 19.62... and that death occurred at 1.15M. Afform the causes and on the date stated above. saw the deceased alive on ADDIL 22e. SIGNATURE 22b. DATE SIGNED PHYS. PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS FUNER NAME (Type) ICDR MC USN. S. Naval Hospital, Bethesda, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0:58 REMOVAL (Specify) Burial April Arlington National Arlington, Virginia Bethesda. Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 7557 Wisc. Ave DATE APR 23 '62 arthur & Kroug

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Sobert . Tancara Engral Home, Terr Hiles . Washen ..

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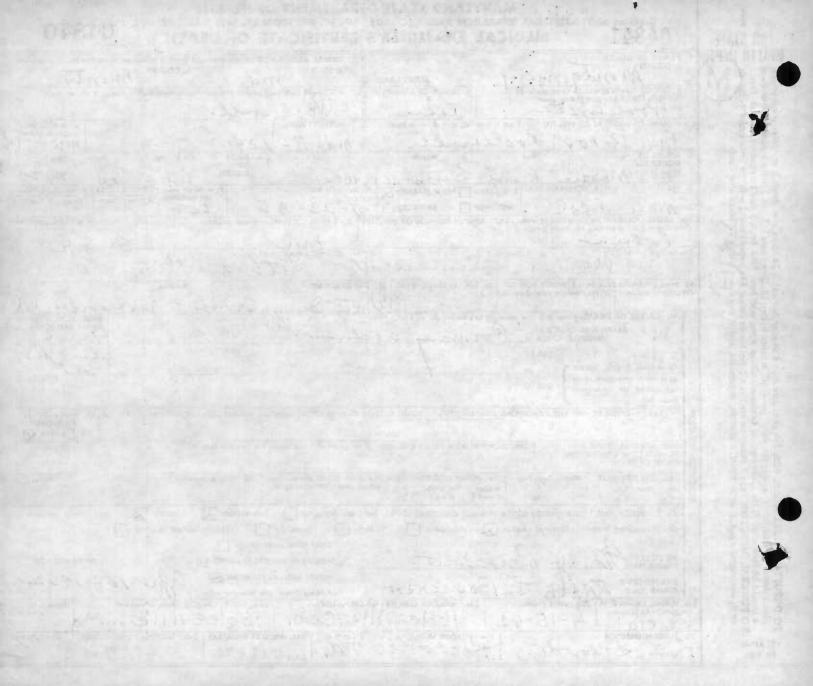
THE PARTY NAME

PAUL G. TIEST DONE HOUR ET HER. S. Moral Rossiers Setheran Strepland

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	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	## MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1.	PLACE OF DEATH a. COUNTY: 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
	Montgomery MARYLAND . STATE med b. COUNTY monts
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give pregrest town)
	Poolisville Life X Voolisville
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Md. K-109 Joolesville Md- K-109 YES NO □
3.	NAME OF First Middle Lest 4. DATE Month Dey Year OF
	(Type or print) Morris Beny Summerville DEATH apr 10 1962
5.	SEX 6. COLOR OR RACE 7. MERRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN YEAR IF UNDER 1 YEAR IF UNDER 24 HRS.
	male Col WIDOWED 19-23-46 65 yrz.
	e. USUAL OCCUPATION (Give kind of work per during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	laborers mol n. S. G
13.	. FATHER'S NAME
15	William rummerifle Vethia Viumner
{Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unkown) (Ifyasgiveweror dates of service)
-	18. CAUSE OF DRATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (0) Cornary declusion
	Conditions, if ony, which (b)
	geve rise to immediate causa
	(e), stating the underlying DUE TO
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ATI	PERFORMED? YES NO 🗸
F	20e, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.)
CER	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
WEDI	Hour a.m. Whila Not While factory, street, office bldg., etc.) p.m. 19 at work at work
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes A. Accident . Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE Hand & Systehart M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S - DEPUTY MEDICAL EXAMINER & C. L. 10-1962
	NAME (Type) & RANK J. IDNO-SENZINT Address (Streat, city, town, or county)
228	B. BURIAL, CREMA WON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, twm, or country) (Siate)
L	Burial 4-15-62 Poolesville, Cem. Poolesville, Md
23	ADDRESS . 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
7	1.2. servowaen Vocation 1 (de DATE APR 23'62 Cuthur S. Kraus
	MEDICAL CERTIFICATION



funeral

completely filled by the on papers. Page 11 and 2

papers. Pagin 72 hours

within

Laber retained by the hospital or attending physician.

Laber CTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbothe State Dept. of Health prior to burial, cremation, or removal, and in any every, wi

PHYSICIAN: The law requires that the death certificate be executed within 24 hor

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04842	CERTIFICATE	OF DEATH		Ug	184	1
1. PLACE OF DEATH a. COUNTY			(Where deceased lived, If Is		e before e	dmission
	MARYLAND	a. STATE	b. COUNT	1 (0) (0)	COTO TE	
b. CITY OR TOWN (if outside corporate limits, c.	LENGTH OF STAY IN 16	C. CITY OR TOWN IF	outside corporete limits, write	RURAL and give i	nearest tow	n)
writa RURAL and give neerest town)	22110111 01 31711 11 10	70 05				
BETHESDA	5 days	d. STREET ADDRESS	TVY CHASE 15.		T	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel	, give street address)	d. STREET ADDRESS				A FARM?
Q11		70/ 110-1	-ath Ctmast		YES _	NO 2
. NAME OF Suburban	Middle	Less nes	ceth Street Month	Dey	Year	r
(Type or print)			OF DEATH		19	,
EDWIN	NEVER MARRIED 8.	WINGLE.	9. AGE (In years	THUNDER YEAR	IF UNDER	28 HRS
SEX 8. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	1 4 1 1 4 1 1 1	Months Days	Hours	Min.
Mala WIDOWED WIDOWED	DIVORCED	77/7/85	76 yrs.			
	OF BUSINESS OR INDUSTRY	IT. EIRTHPLACE (County	& State, or toreign country)	12. CITIZEN O	F WHAT C	OUNTRY
done during most of working life, even if retired)	T	11 1 2	0	77.0.4		
3. FATHER'S NAME tired	Lawyer	Wash D	ÂME	U.S.A		
	1			1-1-0		
Morgan Swingl	е		arah E. Hodg	gkins		
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.300 Yes, no, or unkown) (Ifyasgivewerordatasofservice)	TAL SECURITY NO. 17. IN	FORMANT	Address			
577	-54-0835	A 0 . 3	0			
18. CAUSE OF DEATH [Enter only one cause per line t	for (e), (b), end (c).] SON	A. Swingle	Same as above	INI	ERVAL BET	
PART I. DEATH WAS CAUSED BY:	11/55531	VF HER	07 1-BILL	RF ON	ISET AND	DEATH
IMMEDIATE CAUSE (e)	ONGEDIC	8 to 11 1- 14	1 1 1 1 1 1 1 1 1 1		1. 4	reof
420.0 DUE TO					12 4	1.
Conditions, if eny, which (b)	ORONAN	A OCE	US101		600	any
geve rise to immediate cause			11	A	1 . 4	1.11.
(e), stating the underlying	2 KTERIOS	C662071	C HEART	CISTAN.	100	YR
	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	FN IN PART 1(a) [1	9. WAS A	UTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r - Dill	CIAA	LE DISENSE CONDINON GIVE		PERFO	RMED?
	MINHY.	36/19			YES	NO [
206. ACCIDENT WAS UNDERLYING 206. DESCRIED OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURED.	Entar neture of injury in Pe	rt I or Part II of item 18.)			
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20d. INJU	JRY OCCURRED 20e. PLACE	OF INJURY (Home, farm,	20f. (City or town)	(County)		(State)
Hour a.m. While	Not While factor	y, street, office bldg., etc.)				
p.m. 19 ef work	at work	1111	1			
21. I certify that (I) (this hospital) aftended	the deceased from	4/24/,1	964 10 4/3	Q, 18a4, 1	hat (I) ((we) la
saw the deceased alive on	1962 and that d	leath occured at 43	M, from the causes	and on the da	ate state	d abov
22a. SIGNATURE	73		4	1		. DATE
1 1/2 /80 / Se 0	1,200 My			11-31-	12	SIGNE
chaires y sur	M.D.		RECTOR PHYS.	7-50	4	
22c. PHYSICIAN'S NAME (Type)	//	22d. ADDRESS		Dadhard		14
Charles J Savare	se Jr.	4890 Bat	tery Lane,	Retueso	a, M	Id.
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23	C. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, tow	yn or county)	(5	itate)
REMOVAL (Specify) Rurial 5/4/62	Ft. Lincoln	Cemetery	Prince Geo	ege Co.	Md.	
Burial 5/4/02	ADDRESS		BY REGISTRAR 256. REG			
Z4 FUNERAL DIRECTOR 3 SIGNATURE	UDDIKESS	250. KEG	DI MEDIOININI ADDI NED			

TO HOSPITAL
death. Page 4
TO FUNERAL
director, page 3
be filed with the VR A15 (4) 15M 9/60



Robert A. Pumphrey, Bethesda, Maryland

Outling & Krous

Serent Modelicas 377494-0835 12 CE/H 12 / No/H 20 00 12 4-30-62 and the second s To the order of Sagarate with a 4390 Bottery Lane, Barbeade, Md. Nursel 1 S/4/62 Ft. Lincoln Comatery Prince George Co. 14. Robert A. Lumpbrey, Bothesda. Maryland

filled in by the funeral Pages 1 and 2 should DING PHYSICIAN: The law requires that the death certificate be executed within 24

hours after deg

TO HOSP TAL OR A med by the hospital or attending physician.

death 3.9 4 may be ned by the hospital or attending physician.

TO FUNKARL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove garbed pages.

be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho

15M 9/60

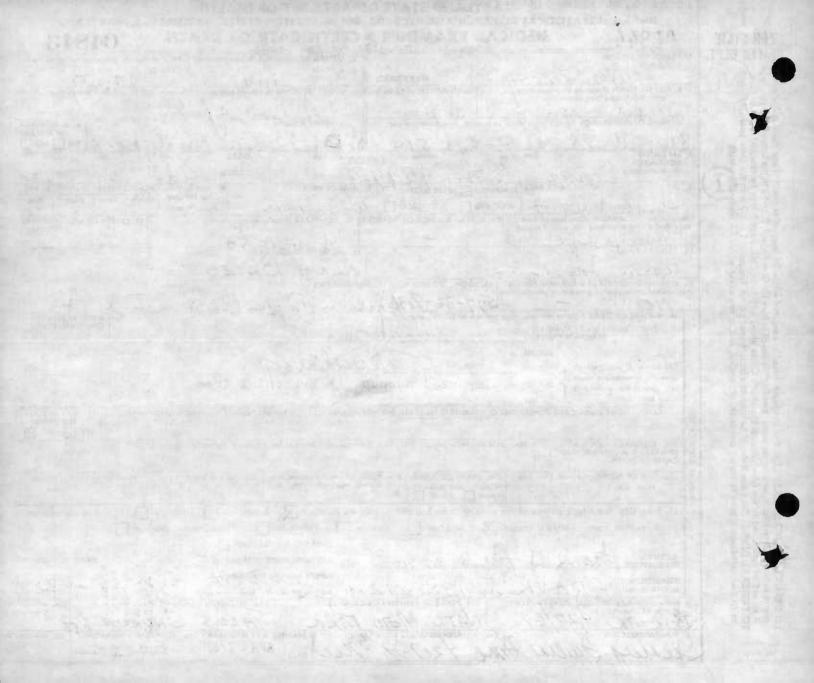
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04843 CERTIFICATE OF DEATH 04842

	a. COUNTY Mor	ntgomery	MARYLAND	a. STATE Mary	vland	deceased lived, If b. COUN			admission)
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Silver Spring 3 years				c. CITY OR TOWN X Silver St	(If outside co	rporate limits, write		2	vn)
-				d. STREET ADDRESS		-		la. IS R	ESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 8228 New Hampshire Avenue				8228 New		ire Aven	ue	ON	A FARM?
3.	NAME OF	First	Middle	Last	4. DATE	Montl	h Dey	Yea	r
	(Type or print)	Birdi	0	Taylor	DEAT	H Apri	.1 29	19	62
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	. DATE OF BIRTH			IF UNDER 1 YEAR		R 24 HRS.
	female	white w	VIDOWED DIVORCED	May 23, 18	885	76 yrs.	Months Deys	Hours	Min.
10e do	Housewife	TION (Give kind of work orking life, aven if retired)	Own Home	Staffor			U.S		COUNTRY
13.	FATHER'S NAME		Own none	14. MOTHER'S MAIDEN		6,21126	1 0.0	****	
	John W	. Payne		Susie Wi					
		VER IN U.S. ARMED FORCES		INFORMANT		Address	5		
	os, no, or unkown) (If yes give we ror detes of servi None	None Mrs	. Fannie Bea	agle 54	44 Univ.	Blvd.E.	.S.S.	.Md.
-	18. CAUSE OF	DEATH (Enter only one ce	use per line for (e), (b), end (c).]				111	TERVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Cerebro Vasco				· es	NSET AND	
	Conditions, if an		Hypertensive	- anteron	level	to Vas	calon		
	geve risa to immad	diete cause	01	Oracas.					
	(a), stating the	underlying DUE TO		usease	-		100		
	cause lest.) (c)			,				
TION	PART II. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	VEN IN PART 1(e)	PERFO	AUTOPSY DRMED?
CERTIFICATION	OR CONTRIBUTING	VAS UNDERLYING 21	Ob. DESCRIBE HOW INJURY OCCURED). (Enter natura of injury In	n Part I or Per	t II of item 18.)		[]	
MEDICAL	20c. TIME OF INJ Hour a.m. p.m.	URY Month, Dey, Year		ACE OF INJURY (Home, far tory, street, office bldg., et		City or town)	(County)		(Stete)
	21. I certify	that (I) (Neis hospital)	attended the deceased from.	death occured at.	19 7 t		and on the		
	220. SIGNATURE	ed mi		ATTENDING	MED. DIRECTOR	STAFF PHYS.	4-3	221	b. DATE
	June	an	ry received	Table 5				_	2
	22c. PHYSICIAN'S NAME (Type	1	itzgerald	22d. ADDRESS	versity	Blvd.E	Silver		
23	NAME (Type	Bernard Fi	itzgerald	22d. ADDRESS 217 Univ	23d. LC	CATION (City, to	wn or county)	Sprin	
	NAME (Type a. BURIAL, CREMAT REMOVAL (Specify Burial	Bernard F:	itzgerald of 23c. NAME OF CEMETERY Andrews Chape	22d. ADDRESS 217 Univ OR CREMATORY 1 Cemetery	23d. LC Sta	fford Vi	wn or county)	Sprin	g, Md
24	NAME (Type a. BURIAL, CREMAT REMOVAL (Specify BUTIAL FUNERAL DIRECTO	Bernard From Bernard From Bernard From Section 19 10 10 10 10 10 10 10 10 10 10 10 10 10	itzgerald of 23c. NAME OF CEMETERY	22d. ADDRESS 217 Univ OR CREMATORY 1 Cemetery Orgia Ave 50. RE	Sta EC'D BY REG	ocation (City, to	wn or county)	Sprin (S	g, Mc

Street, course anda ranco harmant Higherteners to describer to make Market & Bridge Barrer 32 11 24 Levere & dely sealed to the to the control of the fall of the fal

- 1	1	tems 18,21 Film 313 MARYLAND STATE DEPARTMENT OF HEALTH	
8		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
FOR STATE		04844 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04	1843
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Reside	nca befora edmission)
Page 4		mentamen MARYLAND STATE med B. COUNTY MAN	ita
8 5 7		b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give renes) town)	neer st town)
To out		11. Jak. Alburg 3 mm 26 11. 7. shows	
S S S S S S S S S S S S S S S S S S S	-	d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give freet address) Id. STREET ADDRESS	. IS RESIDENCE
dela ned ned ite B	8	8/01 Eastern Cuz - apt 5/4 8/01 Eastern Cuz-aft-5/4	ON A FARM?
Sta Sta Sta	3.	NAME OF DECEASED O - First Middle Tepper Last 4. DATE Month Ob.	Year
=======		(Type or print) Then Then Till there DEATH (1)	- 1962
# E 4 = 1	5.	MARKIED RELIGION ON THE OF MARKING IN CONTROL OF STATE OF	IF UNDER 24 HRS.
op pu A	F.	last birth (ey) Months Deys	Hours Min.
d 2 hou	101	The state of the s	OF WHAT COUNTRY
Safe Sa	do	duying most of working life, even if refired)	OF WHAT COUNTRY
Pa Pa	_	Thomas - Nelse ASKA U	-5-4
A A S.	13.	A FATHER'S NAME	
200		Garon Jacobson SENA BATES	
A PER PO		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	-
Will Will Will Will Will Will Will Will	(Ye	(es, no, or/unkown) ((typs give weror detes of service) 509-31-9134)	7
tem with perm any		18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c))	TEDVAL DETVICEN
il in l long ansit		PART I, DEATH WAS CAUSED BY:	NSET AND DEATH
be a sel-tra			n bed
in p Offic ova		Conditions, if eny, which \ (b) 17214441441	
sho sho		geva rise to immediate cause	
din din as		(a), stating the underlying out to impair ted mucous in Broncillat free	
ific pen ami sed n _c	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)]	40 MAC Allegary
C at a C a c a c a c a c a c a c a c a c a c	01	PART II. OTHER SIGNIFICANT CONDITIONS CONTINUOUS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	PERFORMED?
d b d b	J		YES NO
oul oul	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of item 18.)	
Shark	CEI	CAUSE OF DEATH.	
MIN ritin Chie age 3	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., While Not While While Not While N	(Stete)
P. P.	ME	p.m. 19 st work st work	
pring pring		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and	in my opinion
A Garage		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
Series of the se		CHIEF MEDICAL EXAMINER	
hece rward DIRE		1	
10 Q - W		SIGNATURE WILLIAM A MANAGERY M.D. ASSISTANI MEDICAL EXAMINER	DATE SIGNED
PUTY executed be if the idesignal		EXAMINER'S FRANK J. BLOSCHEN Address (Street, city, town, or county)	-6.2
M % o D v	220	e. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Sete)
		MEMOVAL (Spacify) 4/2 7/1-/ 2/2-1/ 2/2-1/ 2/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-	1/0
0 9 4 0 g	1 X	BURIAN MAIL MAIL MARK PALLS CHURCA.	VH.
VS. A15ME	12	ADDRESS ADDRESS ADDRESS APR 2 7 '62' APR 2 7 '62' APR 2 7 '62' APR 2 7 '62'	
5M 9/60	K	belief Julial Home 4217-9- Rel DATE APR 27'62 aciden & to	ralle
/		//	



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MARYLAND STATE DEPARTMENT OF HEALTH

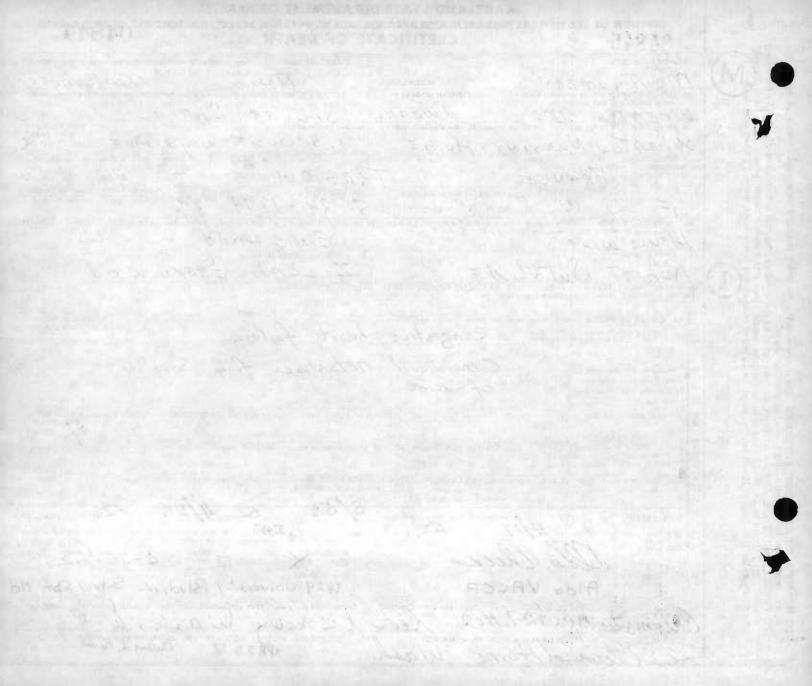
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH

- 1		
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
П	MONTYOMERY MARYLAND	a. STATE Md. b. COUNTY MONTGOMERY
	b. CITY OR TO WA (if outside corporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
	Whenton md 2 WEEKS	31 SILVER SpRING
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
	WHEATON NURSING HOME	115 South wood AVE YES NO
	3. NAME OF First Middle	Lest 4. DATE Month Day Year
	(Type or print) FRANCES	REGIDOA DEATH 4 26 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	WIDOWED DIVORCED	7-24-1874 Lest Dirth Gays Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE WILLE	ENOVLAND 4.5.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Robert Outalible	ZILLAH GREEN WOOD
1		NFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN
		heart failure ONSET AND DEATH
	IMMEDIATE CAUSE (a)	rearc Tallore
	Conditions, if eny, which \ (b) Generalized	not at 1
		netastases from Sarcoma
	(a), steting the underlying DUE TO of Joint	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO USE OF CONTRIBUTING TO DEATH BUT NO USE OF CONTRIBUTING TO DEATH BUT NO USE OF	(Enter nature of injury in Part I or Part II of item 1B.)
	TIME OF INITIPY Month Day Year 1 20d INITIPY OCCUPRED 1 20g PLA	CE OF INJURY (Home, farm, ' 20f, (City or town) (County) (State)
	Hour e.m. WhileNot While fect	ory, street, office bldg., etc.)
	p.m. 19 of work et work	8/60 0 4/00 60
	21. I certify that (I) (this hospital) attended the deceased from	19 02 to 4/20 , 1904, that (I) (we) last
	saw the deceased alive on	death occured at MM, from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	also thee M	
	22c. PHYSICIAN'S NAME (Type) Aldo VACCA	1429 University Blud, W. Silver Spr. M.
	230 BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CHARTERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	Ourne les april 2/1962 Tels	Cremaline Wash, W.C.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	258. RECTO AY REGISTRAR 256. REGISTRAR'S SIGNATURE
-	LE Tunned Home Wach.	DATE APR 3 0 '62 Cuthing & Thanks

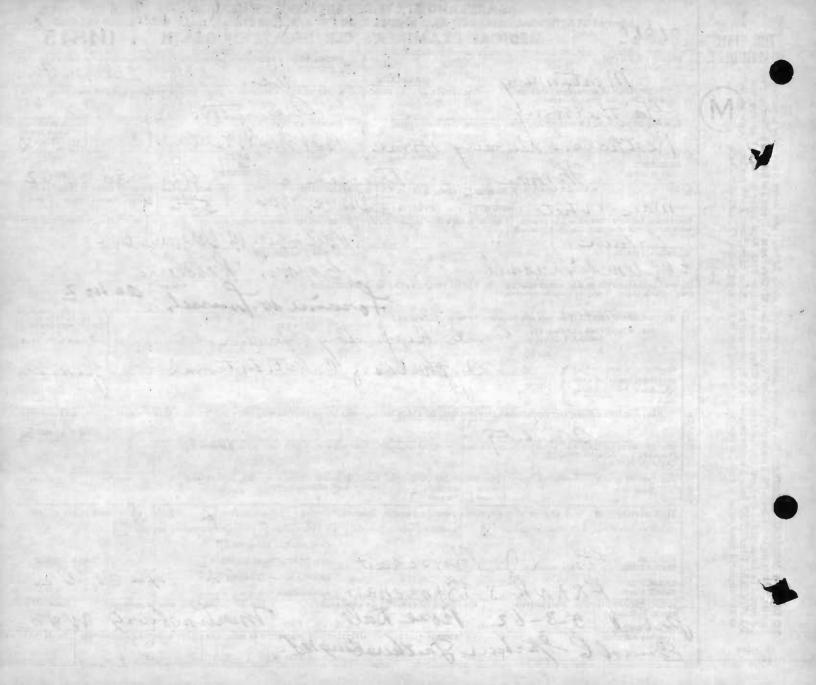
The law requires that the death certificate be executed within 24 h in by TO HOSPITAL, 3R AT DING PHYSICIAN: The law requires that the death certificate be executed with death. Page 1-4y be need by the hospital or attending physician.

TO FUNERA? DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Per be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours VR A15 (4)

15M 7/61



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY a. STATE b. COUNTY Page director, Pag-MARYLAND b. CITY OR TOWN (if outside corporate limits write RURAL and give noticest town) c. CITY OR TOWN (If outside corporate fimits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION f not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO DATE DECEASED OF (Type or print) DEATH 1962 8. DATE OF BIRTH 5. SEX AGE Un A IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ge 5 may band 2 with Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) afrer pages 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or detes of service) permit. in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **IMMEDIATE CAUSE (a)** DUE TO e should Conditions, il any, which geve rise to immediate cause 10 DUE TO (a), steting the underlying Examiner cause last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)) 19. WAS AUTOPSY PERFORMED? NO M pluods 20b. DISCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) fectory, street, office bldg., etc.) Hour a.m. While Not While at work et work OR: Inspection Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion 0 ecute the certific be forwarded to RAL DIRECTO death resulted from: Natural couses Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE designat DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) (Stete) 22d. LOCATION (City, town, or country) £40 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME



	1
TO HOSPITAL AR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 h.	TO FUNERAL ARECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04846

1	a. COUNTY	e. STATE b. COUNTY	ice before eamission;						
	Montgomery Maryland	Washington	Y						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	Y OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give							
	Bethesda 184 days	Olympia 84X	3						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE						
-	The Clinical Center, Bethesda 14, Md.	4703 Opal Street	ON A FARM?						
	3. NAME OF First Middle	Last 4. DATE Month Day							
	(Type or print) Minnie (No middle name)	OF DEATH Annal 2 12	19 62						
N	/	Unglaub April 13,	19 62 IF UNDER 24 HRS.						
/		last birthdey) Months Days	Hours Min.						
1		20 November 1934 27 yrs.	F WHAT COUNTRY?						
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN C	F WHAT COUNTRIE						
	Housewife		S.A.						
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
-	Robert W. Jeffrey	Nina Stewart							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	INFORMANT The Medical Record,							
1		e Clinical Center, Bethesda 14, Mar	bactra						
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	I IN	TERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: Metastatic Choriocarcinoma 2								
1	1721	at Cilioma	years						
	DUE TO								
1	Conditions, if eny, water (b)								
	(e), steting the underlying DUE TO								
Я	ceuse last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?						
7	CAI		YES X NO						
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)). (Enter neture of injury in Part I or Part II of item 18.)							
- 1									
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) tory, street, office bldg., etc.)	(Stete)						
	Hour a.m. While Not While p.m. 19 at work at work	lory, site of, office blug., etc.)							
1	21. I certify that (A) (this hospital) attended the deceased from.	Oct. 11, 1961 to April 13, 1952.	that Mar(wa) last						
		death occured a7:32M, from the causes and on the d							
	saw the deceased alive on April 13, 19.62, and that	death occurred at	22b. DATE						
	to la	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. TAPET 17	SIGNED						
	22c. PHYSICIAN'S	1.0.							
1	NAME (Type) Stanley G. Korenman	The Clinical Center, National							
		Institutes of Health, Bethesda							
	230. BUBIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL Story III	OLYMPIA	WASHI						
	24 FUNERAL DIRECTOR'S SIGNATURE 14 ODER Shope	256. REGISTRAR 256. REGISTRAR'S SIGNA	TURE						
,	W. W. Chambers Co Washingth	THE DATE APR 17'62 Orthur & the	1004						

a postantial de la constantial del constantial de la constantial del constantial de la constantial de and delighted ter, .t., .t., .t., .t. ri stin samu i t rt entia. Joint n e ic cor, 19-3-19iictr, etc..... t tie c ri e rei c.. 7:30 eri e, to Property of the sounded of the sound of de die de la la companie de la compa I titut 10 0 5 5 5 I 18/18 11/19

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HOSPITAL OR ATTENDIA HYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	may be received by the hold of or otherdring physician.	F	ashould be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 erm 2 shauld be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59

04848

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- 0703	0	-	0~1	FICA	TE OF DEA	TH				04	847	7
1. PLACE OF DEATH o. COUNTY Montgomery Maryland				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery								
b. CITY OR TOWN (If RURAL and give nec Bethesda	outside corporate lim arest tawn)	its, write	c. LENGTH OF STA	Y IN 1b	-	N (If outs	ide carpa	rote limits, write R	URAL and	give ne	arest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION The Clinical Center, Bethesda 14, Md.				01						DENCE FARM? NO		
3. NAME OF DECEASED (Type or print)	Ruth	rst	Alice	le	Van Pelt	4	OF DEATH	Mon April		24 24		fear 19 62
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARE	RIED 🔲	B. DATE OF BIRTH	(9/11)		9. AGE (In years last birthdoy)	IF UNDE Manths	R 1 YEAR	Hours	
Female	White	WIDOW	DIVORC	ED 🗌	10 Decembe	r 19	13	48 yrs.	Mainis	Days	Hours	Min.
10a. USUAL OCCUPATION during most of working Store Cle	ng life, even if retired	dane 10b.	Retail	OR INDU		(State or Lesot	179	ountry)	12. CI		WHAT C	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAM	ME					
Jule P	agnac				Georgi	a El	frin	k				
15. WAS DECEASED EVER			SOCIAL SECURITY N	O. 17, II	NFORMANT The M	ledic	al R	ecord, Add	ress			
No	yes, give war or agree or		2-10-4583	T	ne Clinical	Cen	ter,	Bethesda	a 14,	Mar	ylan	d
PART I. DEATH WAS CAUSED BY: Septicemia							NTERVAL BETWEEN AND DEATH					
Conditions, if ony, which gave rise to immediate cause (a), stating the under lying couse lost. DUE TO (b) Acute Myelogenous Leukemia DUE TO (c)]	10 months			
PART II. OTHI												
20c. TIME OF INJURY Hour a. m. p. m.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Nat while at work 19 at work 19 at work 19 The state of the state											
21. I certify that (Ix (this haspital) attended the deceased fram March 20, 1012, to April 24, 1962, that (Ix (we) last saw the deceased glive an April 24, 1962, and that death accurred at, M, from the causes and an the date stated above.												
M.D. PHYS. DIRECTOR PHYS. DI April 24, 1962									SIGNED			
22c. PHYSICIAN'S NAME (Type)	Robert H. Levin, M.D. Institutes of Health, Bethesda 14, Md.										d.	
230. BURIAL, CREMATION BULLAL (Specify)	1 1 1 1 1 1	04/30, 1/6/2/				23	Warı	TION (City, town, oren. Minn			(State	e)
24. FUNERAL DIRECTOR'S LYSON Wheele	signature r Funeral	Home	13 Adoresest Rockville	Mong	g. Ave. 25a.		REGIST	RAR 25b. REGIS				

21. 0 JIS THE REPORT OF THE PARTY cosiic str, ts, ri. riv t : tu ori ri e. r. o le cor e e e inic outr, the , r 0 - 0 - 0 tic i ri ri j, le cile etr, ti west, svi, ... I ticut type to the second

1		S. C.	maryland State DI DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICAT	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALT E OF DEATH	TIMORE 1, MARYLAND 04848
	1		PLACE OF DEATH		lived, If institution: Rasidence before admission
2 4	V1)		Montgomery MARYLAND	a. STATE Maryland	Prince Georges
earth no	00		b. CITY OR TOWN (if outside corporata limits, writa RURAL and give nearest town)	c. CITY OR TOWN (II outside corporata li	mits, write RURAL and giva naarast town)
4 4 6 6	74		Bethesda 12 days	Hvattsville	1656.2
aft	1		i. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
y fill	M.		Suburban Hospital	1412 Kanawha	
etel etel 2 h			NAME OF First Middle DECEASED	Last 4. DATE OF	Month Day Year
pag n 7			(Type or print) Maxine Wright	Veirs DEATH	April 13. 1962
o non		5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and cark		1	Female White WIDOWED DIVORCED	12/27/13 48	
ve ve		10a		TRY 11, BIRTHPLACE (County & Stele, or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
ysic emo		00	Housewife	Texas	U.S.A.
p ph		13.	FATHER'S NAME-	14. MOTHER'S MAIDEN NAME	
Q 6 2.	(T)		Elmo I. Wright	Gladvs Mattes	
tend en pl	7	15.		INFORMANT	Address Washington, D.
The		(18	s, no, or unkown) (Ifyasgivewarordatasofsarvica) None M	other. Gladys Wright.	2039 New Hampshire Ave.
tha the			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ouner, dradys wright,	INTERVAL BETWEEN
by by			PART I. DEATH WAS CAUSED BY: Mossive ble	eding from exopher	and varies 2 Week
hys ned it p			SHOW IT I A	- 0 10	
sig para			DUE TO Hepolice H	illing	4 days
al-tr			Conditions, if any, which gave rise to immediate cause (b)		
s b buri			(a), stating the underlying DUE TO Corrheris	7 Fiven	I mean +
or e ha		7	causa last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a) 119, WAS AUTOPSY
cate cate to b	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	NOT KEENED TO THE TERMINAL DISEASE CONDI	PERFORMED?
hospi certifi use prior		No.	DO ACCIDENT WAS INDEPLYING TO A DOLL DESCRIPT HOW INHIBIT OCCUR	RED. (Entar nature of injury in Part I or Part II of ita	YES NO
or ce		ERTII	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CD. (Entar nature of injury in Fan I of Fan II of Ital	m (e.)
も古る書					
te de la constant de		DICAL		PLACE OF INJURY (Homa, farm, 20f. (City or to actory, streat, offica bldg., etc.)	wn) (County) (Stata)
deta		MEDI	p.m. 19 at work at work		
P P P			21. I certify that (I) (this hospital) attended the deceased from	n 1962, to	19, that (i) () last
S P P			saw the deceased alive on 14-12 1967 and the	at death occured at 2M, from the	causes and on the date stated above.
IREC should State			22a. SIGNATURE	ATTENDING MED ST.	22b. DATE
3 m 2			A. N. Meanty M.	M.D. PHYS. DIRECTOR PH	AFF YS. \Box 4-13-6 §IGNED
4 0 K 0 T	,		22c. PHYSICIANYS	22d. ADDRESS	ave N. W. West.
Pag NER.	1		NAME (Spe) J. W. Peabody, Jr., M.	0. 1150 Com	, we N.W. DC
death. Pag O FUNER director, pag be filed wi	0	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER CREMOVAL (Specify) 4/17/62 Cedar Hill		(City, town or county) (State)
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	Va		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
15M 9/60	141	4	obert A. Pomphrey, Bethesda/Ma	ryland PATE WR 1 9 '62	arthur S. Krans
	7	=	and a madeline in the		

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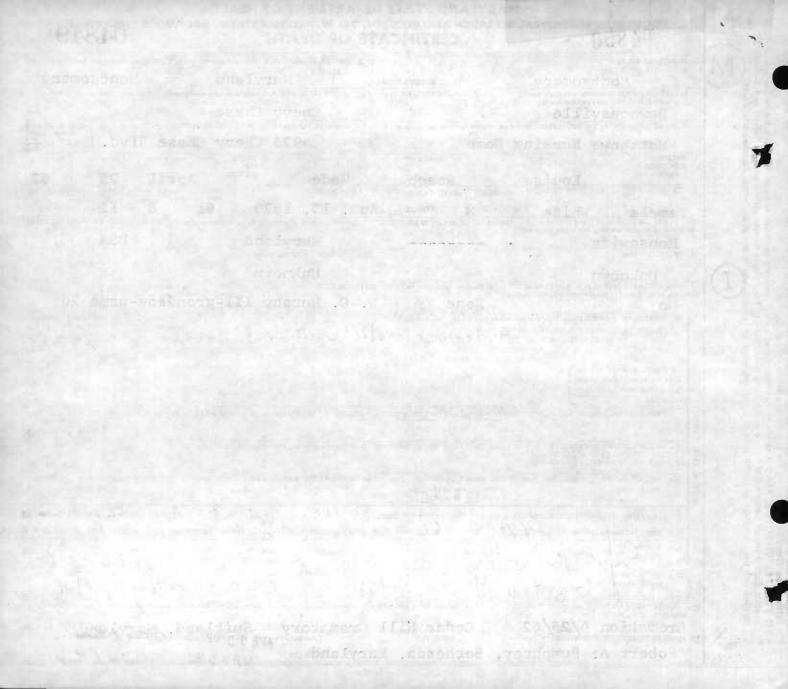
I. PLACE OF DEA	TH	70764		11	JAL RESIDEN	CE (Where dec	eesed lived, If I	stitution: Reside	nce before e	dmission)
	lontgomery		MARYLAN			aryland			gome:	ry
b. CITY OR TOWI	N (if outside corporate limited give nearest town)	its, c.	LENGTH OF STAY IN	1b c. C	ITY OR TOWN	H outside corpor	ete limits, write	RURAL end give	neerest tow	/n)
_	nsville	100		55	Chevy	Chase				
	SPITAL OR INSTITUTION (if not in hospitel,	give street address)	, d. S	TREET ADDRESS					ESIDENCE
Matth	ews Nursin	ng Home			4923	Chevy	Chase	Blvd.	YES	A FARM?
NAME OF	First	-0	Middle	1)	Last	4. DATE	Month	Dey	Yea	
(Type or print)	Lourine		Panah	7.7	ade	OF DEATH	Anni	1 25	19	62
i. SEX	LOUISE		Reach	8. DATE O		19.	AGE (In years	IF UNDER 1 YEAR		
				1	17 10	270	last birthday)	Months Days	Hours	Min.
Female	ATION (Give kind of world	MIDOMED X	DIVORCED DE BUSINESS OR INDI	Aug.		370 I	7 00	12. CITIZEN	OF WHAT O	OUNTRY
done during most of	working life, even if retire		OF BOSHIESS OK HAD	JSIKI II. BII			preign country)			.00111111
Housev					Mary			USA		
I3. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME				
Unkr		3877			Unkno	own				
	EVER IN U.S. ARMED FOR		IAL SECURITY NO. 1	7. INFORM	ANT		Address			
No	(11) 00 9 1 10 10 10 10 10 10 10 10 10 10 10 10 1		ne	W. C	. Murph	ny III-	-grands	son-san	ne 2d	
18. CAUSE O	DEATH Enter only one	cause per line fo	or (e), (b), end (c).]		0 1				TERVAL BET	
PART I. DE	ATH WAS CAUSED BY.	Auto	evin ar lev	Atix -1	Cardin	Vascul	av Dec	0	NSET AND	DEATH
1122	IMMEDIATE CAUSE (0)		OF TO SCIET	0110	0-0:-[10	4 43041	21/1/2	9.536	X	112
422	DUE TO								_	
Conditions, if a										
(e), steting the	DIJE TO									
cause last.	(c)									
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH 8U	NOT RELATE	D TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1(e)	19. WAS A	AUTOPSY DRMED?
									YES	NO 🔽
20e. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE	E HOW INJURY OCC	JRED. (Enter ne	ture of injury in	Pert I or Pert II	of item 18.)			
	NG CAUSE OF DEATH	HI DAY								
		1	RY OCCURRED 20e.	PLACE OF IN	JURY (Home, far	m, 1 20f. (City	or town)	(County)		(State)
20c. TIME OF II		While	Not While	factory, street	, office bldg., etc	:.)	0. 10 0,	(-0-1,)		(0.1.0)
		et work	et work			1				
21. I certify	that (I) (this_hospi	ital) attended	the deceased from	om 30 V	AN,	19.6.1., to	2.2 Apr	K., 19.62,	that (I)	(we) la
saw the dece	eased alive on 2	4 APX	19.6.2 and	that death	occured at 2:	AM, from	the causes a	and on the c	lete state	d above
22e. SIGNATO	EA 1 V	11-	-			-11			226	DATE
9	-hohe Mrs	metho		M.D. ATT		MED. DIRECTOR	STAFF PHYS.	2.5	ARV	SIGNE
22c. PHYSICIAN	r's	14	P3 1	141.0.	. ADDRESS	0		17	1	1
NAME (Ty		on M.	. Smith	MD		Barn	con.	110	Mol	
							*1.0×1.10:. 1	. 1	10	tete)
		REOF 23	c. NAME OF CEMET	ERY OR CREM	ATORY	23d. LOCA	TION (City, tow	n or county)	(5	tere)
3a. BURIAL, CREM REMOVAL (Spec Cremati	ify)		c. NAME OF CEMEN Cedar Hil		matory	Suit	tland -	Marula	and.	1010)

Crithur & Kraus

Robert A. Pumphrey, Bethesda, Marylandonie

TO HOSFITAL death, 1984 TO FU. RAL director, page 3 be filed with the VR A1S (4) 15M 7/61

The law requires that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH

			OLK III IOA	TE OF DEAT	III		U	4850
. PLACE OF DEATH	-K			2. USUAL RESIDEN	CE (Where de			idence before edm
Montgo	omerv		MARYLAND	a. STATE D.C.		b. COUN	D.C	
b. CITY OR TOWN (if outside corporate li	imits,	LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corp	orate limits, write		
	d give nearest town)	1	20 desire	Uesh	d not on	D O	4	Lnv.2
			20 days	d. STREET ADDRESS	ington	D.C.		e. IS RESII
								ON A F
	Naval Hosp	pital, Be			"G" St.			YES N
NAME OF DECEASED	11	irst	Middle	Last	4. DATE	Month		Dey Yeer
(Type or print)		mett	Doyle	WALLER	DEATH	Apr	il 1	1962
. SEX	6. COLOR OR RAC	CE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER 1 YE	
Male	Cauc	WIDOWED	DIVORCED T	11-5-84		77 yrs.	Months De	ys Hours
a. USUAL OCCUPAT	ION (Give kind of w	ork 10b. KINI	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & Stete, or	foreign country)	12. CITIZE	N OF WHAT COL
one during most of wo	orking life, even if ret	tired)	tired	7/	000		770	7.A
Navy		ne	orred	Kan			US	DA
Emett Was DECEASED EV		00000	OCIAL SECURITY NO. 17.	Elizabe	th Doyl	Le Address		
Conditions if any	O 3 DUE T							
Conditions, if eny geve rise to immedi (e), stelling the u cause last. PART II. OTHER	which iele cause nderlying	(b) TO (c)	UBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(e) 19. WAS AUT PERFORM YES NO
geve rise to immedi (e), stelling the u cause last. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE	(b) TO (c) HDITIONS CONTR (H 20b. DESCR	IBE HOW INJURY OCCURI	D. (Enter neture of injury in	Pert I or Pert I		ZEN IN PART 1(YES X NO
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geve rise to immedi (e), stelling the u cause last. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU- Hour e.m., 21. I certify is saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE LIFE Month, Dey, Do Look	(b) (c) (d) (d) (d) (d) (d) (e) (d) (d) (e) (d) (d) (e) (d) (e) (d) (d) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	JURY OCCURRED 200. PI for all work did the deceased from 1952, and the	D. (Enter neture of injury in ACE OF INJURY (Home, far. ctory, street, office bldg., etc. March 24 If death occured at: ATTENDING PHYS. 22d. ADDRESS U.S. Na.	Pert I or Pert I 1962, to. 205, AM MED. DIRECTOR Wal Hos	y or town) April the causes STAFF PHYS. K	(County13, 1962 and on the 13 Bethesd	YES X NO (Stopped and April 19 April 19
geve rise to immedi (e), stelling the u cause last. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU Hour e.m. p.m. 21. I certify t saw the decease 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 3a. BURIAL, CREMATI REMOVAL (Specify)	AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE IN Month, Dey, Do Lo K ON, 23b. DATE TI	(b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	JURY OCCURRED 200. PI for all work 1902 and the second from 1902 and the second from 2 and 3 a	D. (Enter neture of injury in ACE OF INJURY (Home, far. ctory, street, office bldg., etc. March 24 If death occured at 1. ATTENDING PHYS	Pert I or Pert I 1962, to. 205, AM MED. DIRECTOR 23d, LOC	y or town) April the causes STAFF PHYS. X ATION (City, to	(County) 13, 1962 and on the 13 Bethesd wn or county)	YES NO. (She was stated a 22b. (April 19
geve rise to immedically selected to the selec	AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE ON MONTH OF	(b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	JURY OCCURRED 200. PI Not While at work d the deceased from 1902, and the company of the com	D. (Enter neture of injury in ACE OF INJURY (Home, farctory, street, office bldg., etc.) March 24 If death occurred at 1. ATTENDING PHYS	Pert I or Pert I 19.62, to. 205, AM MED. DIRECTOR 23d. LOC ARLIN	April April April The causes STAFF PHYS. K Bpital, ATION (City, to	(County 13, 1962 and on the 13 Bethesd wn or county)	YES X NO (She April 19 (Steel
geve rise to immedi (e), sletting the u cause last. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU- Hour e.m. p.m. 21. I certify f saw the decess 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE IN MONTH, Dey, Do Lo K ION, 23b. DATE TI APRI	(b) (c) (d) (d) (d) (d) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	JURY OCCURRED 200. PI for all work 1902 and the second from 1902 and the second from 2 and 3 a	D. (Enter neture of injury in ACE OF INJURY (Home, far. ctory, street, office bldg., etc. March 24 If death occured at 1. ATTENDING PHYS 22d. ADDRESS U.S. Na: OR CREMATORY TIONAL 25a. RE	Pert I or Pert I 19 62, to. 19 62, to. 19 62, to. 19 62 19 6	y or town) April the causes STAFF PHYS. X ATION (City, to	(County 13, 1962 and on the 13 Bethesd wn or county)	YES X NO (She (S

The law requires that the death certificate be executed within 24 h TO HOSPITAL OR AV TDING PHYSICIAN: The law requires that the death certificate be executed with death. Page may be ned by the hospital or attending physician.

TO FUNER. DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fabe filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours. VR A1S (4) 15M 7/61

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3.9. Leanning (mund) .c.d morgalification U.S. Haval Hospitel, hericaga, Ed. .E.B. .#8 To' RIT 71-7-11 Male Cane

Yes 1907-1938 of 35 (05) Wife: Mrs. Boshida H. Valler, Mrs. as 72

Marca 30 11 Magain Son 45 north M:05 IM

D.L. VILIX, LI MO U II U.G. Ford Loopitel, Betham, vo.

. V. Marian and American and American Street, I divers

l orille

RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH bluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Montgomerv Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Chevy Chase Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Suburban Parsons Rd. 3. NAME OF First 4. DATE Middla Lasi Month Day DECEASED OF (Typa or print) DEATH Wal ter Bertha 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH Female last birthday) Months Nov. 16 1882 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) U.S.A. Penna. Proximac Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 and Hannah A. Leiby James M. Baer ā Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yas give war or datas of sarviça) removal No None Mrs. James 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INFARCTION, IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC C.V. Conditions, if any, which gave rise to immadiate causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION 0 use prior 20a. ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, straet, offica bldg., atc.) Not While Whila Hour a.m. at work at work 21. [certify that (1) (this hospital) attended the deceased from. ...19.62 and that death occured at M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATUR ATTENDING DIRECTOR PHYS. 22d. ADDRESS NAME 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Burial-transit Charles Evans Cemetery Reading. 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Bethesda, Md.

PUMPHREY

. IS RESIDENCE

19 62

INTERVAL BETWEEN

PERFORMED?

NO S

(Stata)

22b. DATE

(State)

avinua & Thous

SIGNED

ON A FARM? YES NO

0 VR A15 (4) 15M 9/60

leath. Page FUNERAL

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pletely executed

and

physician

aftending

by the

signed

physician.

affending

hospital

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within 24

The law requires that the death certificate

Nov. 16, 1882 99 4 18 stim efamai A Commence of the commence of Add of the land North Control Leaves II. Bovin . Manth Log Title DELINITY G. DELINATED SOLVED CONTRACT TO THE W burist-transit 4-6-62 thartes, warm temorery Westing, Fenns. RUBERT A. PRINCER | Betnesda - Mc.

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNT b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give give nearest bwn) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) YES NO X Road eaford NAME OF 4. DATE DECEASED DEATH 19 (Type or print) IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? pleas Address (Yes, no or unkown) | (Ifyesgive werordetes of service) came Gertrude 06/-10-26 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for ONSET AND DEAT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO V YES 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While at work at work 19 p.m. 21. I certify that (I) atjended the deceased from saw the deceased alive ATTENDING PHYS. M.D. 22d. ADDRESS death.

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director
be filed 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY of Heaven Burial-Transit Cemetery New York. New York 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Frank Robert A. Pumphrey, Bethesda, Maryland 15M 9/60 DATE

STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
04853

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IJ	6. COUNTY Montgomery Man	RYLAND	e. STATE	Land.	b. COUNT	Mantas	W 0 3077	
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П	write RURAL end give neerest town)	7771 117 10	- A	Callingo Corpore		non is and give		
1	Bethesda Za d	a s	50 Beth	esda				
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street e	ddress)	d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
	Suburban Hospital		4525	North (Chelsea	Lane	YES [
	3. NAME OF First Middle DECEASED		Last	4. DATE OF	Month	Dey	Yeer	
	(Type or print) Catherine C.		Wells	DEATH	Apr	il 25	19	62_
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 8	. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER	
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Ш	Retired		Washing	ton D (٦.	U.S.	٨	
/ -	13. FATHER'S NAME		14. MOTHER'S MAIDEN			U.D.	A .	
	maris							
-	Mangan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY	/ NO 17	Margaret W	ren	Address			-
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	NO. 17.				Takoma	Park	. Md.
	no	Cat	herine Barry	. daugh:	ter. 79	04 Wildw	ned D	r.
-	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), en	d (c).]		,	, ,	N.	TERVAL BET NSET AND [WEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	4-1	ent talle	20			2 HR	
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	ceuse last. (c) Colonic	MA	GR					
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	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJU	RY OCCURED	. (Enter neture of injury in F	Pert I or Part II o	f item 18.)			
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	Hour a.m. While Not While et work at work	Tec	tory, street, office bldg., etc.	' i				
			- ()	1052.6	20.0	10 3	1 (1) (V Janet
	21. I certify that (I) (this hospital) attended the decea			33	11	, 19 mg., 1		
-	saw the deceased alive on 4,72 5 19.62	and that	death occured af	4M, from	the causes	and on the d		
	22e. SIGNATURE	1	ATTENDING A	MED.	STAFF		22b	. DATE SIGNED
	Mer Corwan of	/ N		DIRECTOR	PHYS.	4	1/26	162
	22c. PHYSICIAN'S LEO I DONUVAN	M.	22d. ADDRESS				/ /	
	NAME (Type) SZIY WISG-AV	2	BETHESK	0A 14	MO			
		CEMETERY	OR CREMATORY	23d. LOCAT	TON (City, tow	vn or county)	(5	tete)
	DEMOVAL -(Specify)	ncol	Cemetery	Prin	ce Ge	orge Co	. Md	
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS					SISTRAR'S SIGNA		
	Robert A. Pumpheey, Bethesda,	Mary		IPR 3 0 '6		Inthun & to		
3			DATE	Maria A				

IO HOSPIT. COR ALT PING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and death. Page has be read by the hospital or attending physician.

Yes a death. Page has be read by the hospital or attending physician and completely firm by the funeral second process. For the plant of the

process have a succession

Burrel 4/26/62 Ft. Lincoln Gemetery Prince George Co. Md.

Robert A. Pumpheey, Bethords, Maryland Line

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Page director. Page Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Brunswick Bethesda (Rural) 9 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 15 S. Virginia Ave. Naval Hospital 3. NAME OF 4. DATE Middla Last Month DECEASED OF 3 to the DEATH (Type or print) Daniel Ellsworth WENNER April 23, 9. AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X with 8. DATE OF BIRTH 1, 2, and 5 age 5 may 1 and 2 wit 5. SEX last birthday) Months 22 June 1931 Male Caucasian | WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) thin 24 hours affi Give Pages 1, 2, orm PM3. Page dona during most of working life, avan if retirad U. S. Navy Virginia pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nding" in pencil in Item 18. Give iner's Office along with form Plas as a burial-transit permit Envir removal, and the control of the control Unk Charles Lee Wenner File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address. Yas, no, or unkown) | (Ifyasgiva war or dates of service) Same as 228-42-3834 Mrs. Charles L. Wenner 18. CAUSE OF DEATH [Enter only one causa par lina for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO MINER: This certificate should Conditions, if eny, which (b) "pending" gave risa to immadieta ceusa DUF TO (e), steting the underlying Examiner 0 cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION writing the word Chief Medical E 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18.) 20e. EXTERNAL CAUSE WAS shoul The Chie. PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year | 20d. INJUST OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) a factory, street, office bldg., etc.) UNot While Whila at work et work 1962 trulch prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Ayropsy Inspection Inquiry Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) shoul 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) New Jerusalem Lutheran 240 9 Church Cemetery Lovettsville, Virginia Burial 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 3 0 '62 VS. A15ME & Brother, Brunswick, Mary Land DATE

STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

62

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

(Steta)

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Day

Days

USA

(County)

SM 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bafora admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Kensington, Md. Washington one month d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1223 'M" Kensington Gardens Sanitarium YES NO St. N. W 3. NAME OF 4. DATE Month DECEASED (Typa or print) Edith Wilcox DEATH APRIL 1962 and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Days Female WIDOWED X DIVORCED Jan. 6, 1877 24 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife HOME-MAKER London, England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT WASHINGTON . D. C. (Yas, no, or unkown) | (Ifyesgivawarordatesofservica 4000 CATHEDRAL attending physician. as been signed by th 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiata causa DUE TO (a), stating the underlying WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enternature of injury in Part I or Part II of 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAME OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY 20d. INJURY OCCURRED I 2Da. PLACE OF INJURY (Home, farm, (Stata) Month, Day, Yaar 2Df. (City or town) (County) factory, streat, office bldg., etc.) While Not While Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from.... and that death occured at ... Kow from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATUR SIGNED ATTENDING DIRECTOR PHYS. PHYS 22d. ADDRESS NAME (Type Dr. E. Aschenbach FUNER director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMENTRY OR CREMATORY 250. REC'D PT BOGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) .D.C. 15M 7/61 arthury & Thousand

BYLAND STATE DEPARTMENT OF HEALTH

perfected with the comment of the property of WHOCK WHILE ROLL WILL 78 Jun. 6, 1870 41.58 ALLES . tarde late West grellen the tout there I from cake ye years to to to Oct 1 25 Apr 30 1 The many tennel some 180 : The form

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate lifnits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town write RURAL end give nearest town) 10 d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Last 4. DECEASED OF DEATH (Type or print) 1962 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX NEVER MARRIED last birthday) Months Days DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired 456 111 13. FATHER'S NAME please and in a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or detes of service) remova INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY 0 PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH DIRECTOR: After this Jacob defached for (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. at work at work D.m. 19 1962 that (1) (we) last 21. | certify that (I) (this hearitat) attended the deceased from1962..., and that death occured at 12:350, from the causes and on the date stated above. saw the deceased alive on. Chr. 22b. DATE 22e. SIGNATURI SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF OR CREMATORY - F & REMOVAL

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OL VR A15 (4) 15M 7/61

FUNERAL

ector,

FUNERAL DIRECTOR'S SIGNATURE

be executed completely

The law requires that the death certificate

and

physician

Then please

r attending physician. has been signed by the

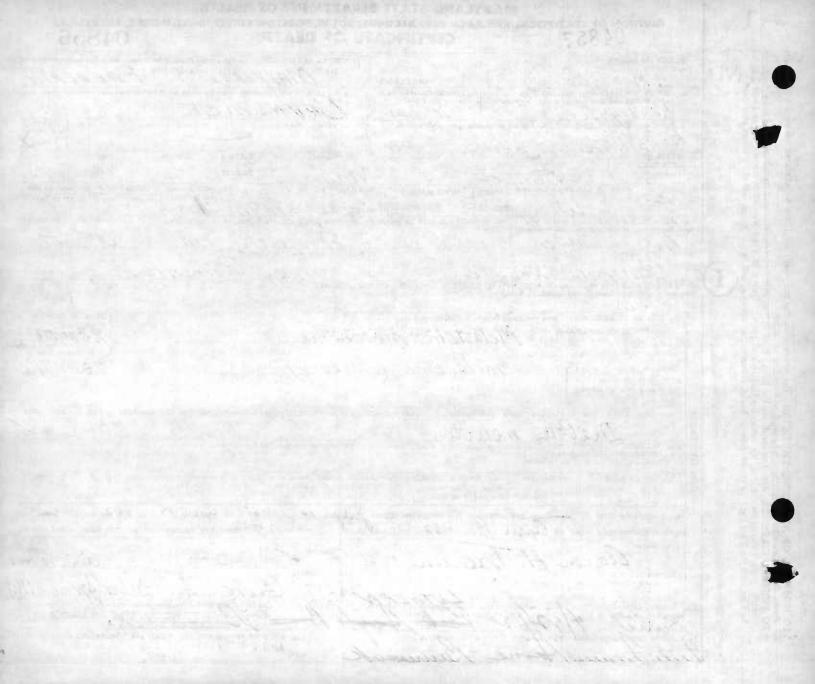
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hospital SE

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certificate

After this



RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before edmission) e. COUNTY b. COUNTY MARYLAND GORGE b. CfTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write KORAL and give bearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street e. IS RESIDENCE d. STREET ADDRESS ON A FARM? KU DES NO F 3. NAME OF Month DECEASED (Type or print) IF UNDER 24 HRS 5. SEX 9. AGE (In years HE UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED as birthday) Months Days Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) NONE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ominal Carcina Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. buri (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? NO I OR CONTRIBUTING [] CALLED DEATH HAE OF INJURY 20d. INJURY OCCURRED 200 PLACE OF INJURY (Home, farm, 20f. (City or town) (County) CIOR: (1) (this hospital) attended the deceased from... saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSIC NAME 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 0:53 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAN funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND MONTGOMERY b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? EARBORN YES NO BORN 3. NAME OF Year Day DECEASED DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) Months Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) SEAMSTRESS RETIRED (CLOTHIN attending pl 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (If yas give war or datas of sarvica) 302 DEARBORN 18. CAUSE OF DEATH [Entar only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immadiata cause DUE TO (a), staling the underlying cause last. ART 1(a) | 19. WAS AUTOPSY PERFORMED? DESCRIBE HOW INJURY OCCURED. (Enter in ture of injury in Pert I or Part 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, streat, offica bldg., etc.) Whila Not Whila Hour e.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. 6.2 and that death occured as. saw the deceased alive on... 22b. DATE ATTENDING SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 0 24 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE APR 1 1 '62 15M 9/60

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY . STATE Maryland b. COUNTY Montgomer y Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Springfield Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hosping give street eddress)

Congressional Manor Sanitarium

8200 Rockville Pike d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5613 Lamar Road YES NO TO be executed completely NAME OF DATE Middle Month Dev Yeer 4. OF DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months female 8 WIDOWED T DIVORCED death certificate physician remove 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Washington, D. C U.S.A. Retired Auditor-Internal Revenue-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Thomas B. Wood Elizabeth J. Relf 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the 5613 Lamar Road Washington 16 D C. (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mrs. Sarah Porterian. no no 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c). É ONSET AND DEATH physicia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO if eny, which geve rise to immediate ceuse buri **DUE TO** (e), steting the underlying the bubling, cause last. certificate r use as the NOT RELATED TO THE T PARTLII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMEN SE OF NO 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) is OR CONTRIBUTING | CAUSE OF DEATH the IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL by 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED PHYS. DIRECTOR PHYS. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) FUNE ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0.5 Cedar emeterv Georges County. 250. REC'D AM REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) withing & Kroug 15M 7/61 DATE

Lack meend fict asirod | uditor-internal | Acrenieon Janeton Lag. Birthean I. Madden inu. sarah W. Forter-123, Laura Rough

DHOSPITATOR ATT SING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page has been death beginning the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fine by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de death. Pag. TO FUNERAL director, page 3 TO HOSPIT

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04861 DARCO

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PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Montgomery	AND Maryland Montgomery
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY	
writa RURAL and give nearest town)	55 Chevy Chase
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address	ss) a.d. STREET ADDRESS e. IS RESIDENCE
Dolmont Munaing Home	4810 Granthan Avenue
Belmont Nursing Home	Last 4. DATE Month Day Year
DECEASED (Type or print)	OF DEATH Appil (10 62
Carl	WORK APITE 4 17 02
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Daws Hours Min.
Male White WIDOWED X DIVORCED	
Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR I done during most of working life, even if ratirad)	INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
Lanscape Gardner Gardner	Illinois USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Comunal Lionic	Laura Crounover
Samue L Work 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	
Yas, no, or unkown) (Ifyesgive war or dates of sarvice)	Martin H. Work, Son-same above
Yes Sp. American None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	
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DUE TO A TO	1. He Die
Conditions, if any, which (b)	erote ITT. Disease serion
gave risa to immadieta cause (a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO W
	CCURED. (Enter natura of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	2Da. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
Hour e.m. While Not While	factory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased	I from
saw the deceased alive on 3/16/1962, an	nd that death occured at
22a. SIGNATURE	ATTENDING MED. STAFF 221 DATE SIGNED
Danda Vilson	M.D. PHYS. DIRECTOR PHYS. 1
22c. PHYSICIAN'S NAME (Type) Donald Nelson	22d. ADDRESS
NAME (Type) Donald Nelson	10620 Georgia ave. Dilerspringe Ald
	METERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 4/6/62 Arlingto	n Cemetery Arlington, Virginia
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda,	

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Robert A. Fumphrey, Sethenda, Harvlond Low a to

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0 0 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY 6. COUNTY b. CITY OR TOWN III e. IS RESIDENCE ON A FARM? YES NO4 3. NAME OF DATE Yeer DECEASED OF (Type or print) DEATH 5. SEX COLOR OF RACE 7. MARRIED DATE OF BIRT 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdey) and Months Hours WIDOWED DIVORCED OCCUPATION (Give kind of work physician 10 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHRLACE (County & Stete, or foreign country) during most of working life, even if retiged Then please MOTHER'S MAIDEN NAME C pleand removal, (Yes, nono, unkown) | (Ifyesgive werordetes of service) physician. None 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate PERFORMED? NO 3 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER After 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20t. (City or town) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 21. I certify that (I) (this hospital) attended the deceased from... and that death occured at.... M, from the causes and on the date stated above. ORX .. 7.60 saw the deceased 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Glenwood Cemetery 4-30-62 OBB Washington, D.C. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Orthur S. Thomas 15M 9/60 Inc., Silver Pumphrev. Spring, Maryland DATE SALLY

18810 A CATTER THE STATE OF THE STATE THE PANCE OF THE PARTY OF THE P Duri Share The het water het Nath trank Wartan Place Transfer which the season of the seaso BARRELLE CHECKER CHARLES IN A COMMENT . O. A. Alliantin that the contract of the con warmers, dumphror, inc., stiver Spring, way lime

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution; Residence before admission). e. COUNTY b. COUNTY 179 b. CITY OR TOWN (if ourside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Washington 30 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO THE chols Ave. executed NAME OF DATE Middla Last DECEASED OF (Type or print) DEATH 1962 Wynn IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) and Months WIDOWED T DIVORCED Feb. Female 10 1892 physician 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, evan if ratirad) Hookkeeper Washington D. C. 13. FATHER'S NAME = Then please and Marian Watson Samuel Kerby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address law requires that the loval, (Yes, no, or unkown) | (If yes giva war or datas of service) physician. Mrs. Birscoe. Sister-Chevy Chase. None 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO MYOCARDIAL PAFARCTICA Conditions, if any, which gave risa to immadiata causa DUE TO EKLOSCIENCTIC HEARTDISEASE (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? NO N CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert Lor Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Homa, farm, (Stata) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. et work at work 21. | certify that (I) (this hospital) attended the deceased from.......... and that death occured at M, from the causes and on the date stated above, saw the deceased alive on..... may 22a. SIGNATURE ATTENDING 962 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Battery Lane, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0 = 3 62 Greenhill Cemetery Danville. Virginia Burial-Transi 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland Orthur & History 15M 7/61 DATE

DVI AND STATE DEPARTMENT OF HEALTH

William Stylios 30 days Letterson Yoursell AND LONG TO TEN TOWN Mas Birscoo, Sister Chevy Chose, Mi. 104.6 36.6376 6376 6376 9193 7 146 CAR SAL- 1864 ST. 1811 18 18 3 185 907 EER 30 50 C ENGEL 8 SERVE IN SERVE 16 MES 7. 1. P. 11/4 2 2 2/14 the file of the part of the second of the se CHARLES J. SAVARISE . " 9590 BECTETY LEUR, BECHREGE, PC. Burled - writered Avisvos Gracement Comprory o Conville. Virginian Robert A. Punchery. Setherday Naryland ... upl. I'm Net

DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECO W. PRESTON STREET, BALTIMORE 1, MARYLAND Item 9FilmG310 4/11 USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if dutside porete limits, write BURAL end give negrest town) outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 20 4rs rain e. IS RESIDENCE d. NAME OF HOS OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF Middle 4. DAWE Day DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ALE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. rihdey) Months Hours WIDOWED DIVORCED nding physician a 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ate, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) nicplayer 13. FATHER'S NAME unknown 15. WAS DECEASED EVER VIU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no or unkowh) (If yes dive wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Rectum rcinoma Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work to axu 3 , 1962 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 62 and that death occured at L. PM, from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE SIGNED ATTENDING MED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) 23e. BURIAL, CREMATION, (State) REMOVAL (Specify) ÷ 5 Se. REC'D BY 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & Kroud

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	b	city OR TOWN	nd_give				c. LENGT	TH OF STAY	IN 1b	Chevy	Chase	corporate	limits, write	RURAL and	give nearest	lown)
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